



<b>Area of training</b>	<b>5S</b>	<b>Course dates</b>	<b>1 Day</b>
<b>Training method</b>	<b>Workshop- Kiki Centre for Technology only</b>	<b>Time for course</b>	<b>9:30am-4:30pm</b>
<b>Eligibility</b>	<b>Working at a company at any level</b>		
<b>Objective</b>			
<p>Understanding the benefits of the Japanese method of Workplace organization, namely 5S. The trainees learn to appreciate that the elimination of waste, leads to improved productivity, quality, Health and Safety. Through an activity based model of training, trainees carry out 5S activities and are also given helpful tips on how to organize various areas of the workplace, such as office, canteen, stores, shop floor etc.</p>			
<b>Contents overview:</b>			
<ul style="list-style-type: none"> <li>-Introduction to "What is 5S"</li> <li>-How does 5S affect the work environment</li> <li>-What are the objectives of 5S</li> <li>Understanding in details:             <ul style="list-style-type: none"> <li>1S, Seiri or Segregation</li> <li>2S, Seiton or Systematic arrangement</li> <li>3S, Seiso or Spick and span</li> <li>4S, Seiketsu or Standardization</li> <li>5S, Shitsuke or Self discipline</li> </ul> </li> <li>Implementation of 5S activities</li> <li>Worksheets</li> </ul>			

*Valid till 31<sup>st</sup> March 2017*



# Enrollment Form for Companies for Open Programmes

### Programme details

Programme name:.....Programme date:.....

### Names of persons attending programme (Write in BLOCK LETTERS)

Slr number	Name of participant	Department

*If more space is required for filling candidates names, print multiple copies of this sheet*

### Details of person authorized by your company to approve participation of candidates in the before mentioned programme.

Name: Mr/Ms/Mrs.....

Designation: .....Department.....

Email: .....Phone (incl. area code).....

### Invoicing information

Name: Mr/Ms/Mrs.....

Designation: .....Department.....

Company /Institution name:.....

Address of company/institution:.....

City .....State.....Postcode.....

Email: .....Phone: .....

### Payment details

Full payment to be made prior to start of course. Payment to be made in name of: **Anjali foundation**

Cheque/demand draft to be mailed to: Anjali foundation, Plot #33, Sector 3, IMT Manesar, Gurgaon-122050

Enclose cheque or demand draft with the application for open enrollment programmes

Cheque/ draft number: .....

Drawn on:.....Date:.....

### Cancellation policy

More than 4weeks before start- Full refund; Less than 4 weeks before start- No refund

### Declaration

.....  
Signature, authorized signatory ..... Date