**REGISTRATION FORM**

Participants are required to complete the registration form in full. Please photocopy this form for additional delegates. Kindly email the duly filled registration form at sanchita.cms@gmail.com

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| **FIRST NAME:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| [MIDDLE NAME](https://en.wikipedia.org/wiki/Middle_name)**:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **TITLE:** |  |  |  |  |  |  |  |  | **DESIGNATION:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **INSTITUTION/  ORGANIZATION Name** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **ADDRESS:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **POSTCODE:** |  |  |  |  |  |  |  | **COUNTRY:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SECTOR:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **MOBILE:** |  |  |  |  |  |  |  |  |  |  | **TELEPHONE:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **FAX:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **E-MAIL:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **TRAINING NAME:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **PARTICIPATION FEE**   |  |  | | --- | --- | | Course | Fees | | Laboratory Quality Management Systems & Internal Auditing | INR 8,000 + 18% GST |     **GST** : 19ACZPB2269D1ZS  **PAN :**ACZPB2269D  **PAYMENT OPTIONS: Please indicate your payment method:**   |  |  |  | | --- | --- | --- | |  |  | **Bank Transfer: Kindly email us proof of payment. Bank Name :HDFC Bank Ltd.,** | |  |  | **Branch Name:** R. B. Avenue **Branch Code**: 0530 **IFSC Code:** HDFC0000530 **MICR No. :**  700240036  **A/c No. :**05302000004633 **Account Name :** Consultrain Management Services |      |  |  | | --- | --- | |  | **Google pay to 9830278995 ,** | | |
| **NOMINATING AUTHORITY**  **Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Institution/Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONTACT INFORMATION**   Contact Person :  Udayan Chakraborty - 87505657410  Consultrain Management Services e-mail- . [sanchita.cms@gmail.com](mailto:sanchita.cms@gmail.com), [udayan\_chakravarty@yahoo.com](mailto:udayan_chakravarty@yahoo.com)  **Mailing Address:**  Consultrain Management Services 24A Lake Road,  Kolkata – 700 029 |