**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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| **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**

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| Course | Fees |
| Laboratory Quality Management Systems & Internal Auditing | INR 8,000 + 18% GST  |

 **GST** : 19ACZPB2269D1ZS **PAN :**ACZPB2269D **PAYMENT OPTIONS: Please indicate your payment method:**

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|  |  | **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  |

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|  | **Google pay to 9830278995 ,**  |

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| **NOMINATING AUTHORITY****Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Institution/Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONTACT INFORMATION**Contact Person :Udayan Chakraborty - 87505657410Consultrain Management Servicese-mail- . sanchita.cms@gmail.com, udayan\_chakravarty@yahoo.com**Mailing Address:** Consultrain Management Services24A Lake Road, Kolkata – 700 029 |