Consultrain Management Services
24A, Lake Road
Kolkata-700 029
www.consultrainmanagement.in

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

FIRST NAME:

MIDDLE NAME:

TITLE: **DESIGNATION:**

INSTITUTION/ ORGANIZATION Name

ADDRESS:

POSTCODE: **COUNTRY:**

SECTOR:

MOBILE: **TELEPHONE:**

FAX:

E-MAIL:

TRAINING NAME:

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,
udayan_chakravarty@yahoo.com

Mailing Address:
Consultrain Management Services
24A Lake Road,
Kolkata – 700 029