

Consultrain Management Services 24A, Lake Road Kolkata-700 029

www. consultrain management. in

REGISTRATION FORM

Participants are	required to	complete	the registration	form in full.	Please	photocopy	this form	for add	ditional	delegates.	Kindly	email	the
duly filled registr	ration form o	at sanchita	cms@amail.cor	n									

FIRST NAME:										
MIDDLE NAME:										
TITLE:	DESIGNATION:									
INSTITUTION/ ORGANIZATION Name										
ADDRESS:										
POSTCODE:	COUNTRY:									
SECTOR:										
MOBILE:	TELEPHONE:									
FAX:										
E-MAIL:										
TRAINING NAME:										
Laboratory Quality Management Systems & Internal Auditing 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	CONTACT INFORMATION									
Name :	Contact Person :									
Position:	Udayan Chakraborty - 87505657410									
Institution/Organisation:_	Consultrain Management Services									
Telephone:	e-mail <u>sanchita.cms@gmail.com,</u> udayan_chakravarty@yahoo.com									
Mobile:	Mailing Address:									
Fax:	Consultrain Management Services 24A Lake Road,									
Email:	Kolkata – 700 029									