**PT participation registration form**

1. **Name of the Participant Laboratory/Organization:**

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1. **Contact person details:**

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| --- |
| Name : Designation : Mobile No. : Email Id :  |

1. **Complete postal address** (for dispatch of PT Material)**:**

|  |
| --- |
| \*(Building No., Street No., Area, City, District, State, Country, Pin code)  |

1. **Details required for invoicing & new vendor creation in the system:**

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| **GST Reg. Type:** Regular / Composition/ Casual (Please tick appropriate) |
| **GST No.:** | **PAN No.:** |
| **MEME Reg. No.:** | **IT TAN No.:**  |

1. **Interested to participate in PT Round No’s (as per the PT calendar):**

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|  |

1. **Payment details:**

|  |
| --- |
| **Mode of payment :** DD/Cheque/RTGS/NEFT **Amount paid :** **Transaction ID/No.:** **Date of payment:**  |
| **GST No. (NDDB CALF LTD): 24AAICN7290E1ZD** |
|  |

**\*Participation fees shall be paid in advance to confirm the registration.**

**Name of Lab representative:**

**Sign & Date:**