**PT participation registration form**

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

|  |
| --- |
|  |

1. **Contact person details:**

|  |
| --- |
| 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:**

|  |  |  |
| --- | --- | --- |
| **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):**

|  |
| --- |
|  |

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:**