**PT participation registration form**

1. **Name of the participant Laboratory/ Organization:**
2. **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. **Participant’s GSTIN (For Invoice) :**
2. **Interested to participate in PT Round No(s):**

1. **Payment details:**

Mode of payment : DD/Cheque /RTGS/NEFT Amount paid :

Transection ID/No. : Date of payment : 

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