

Registration Form

To,
Hon. Secretary
Western India Corrugated Box Mfrs. Association
138, Mittal Indl. Estate No.3,
M. VasANJI Road, Andheri (E),
MUMBAI - 400 059.

Please register the following name(s) to the Practical Course in Testing

Name*	Designation
1.	
2.	
3.	

Details of Registration fees:

Rs. 5000/- (Rs. 900/- GST) X _____ = _____ (FCBM members)
(No. Of Participants)

Rs. 6000/- (Rs. 1080/- GST) X _____ = _____ (Non Members)
(No. Of Participants)

Cheque/D.D. No. _____ Date _____ Rs. _____ drawn on
_____ (Bank) in favour of **Western India
Corrugated Box Manufactures Association** Payable at Mumbai is enclosed.

Please send confirmation of Registration.

Signature

Name of the Organisation:

Address

GST No.:

Tel: No:

Mob:

E - mail: