

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.

Date :

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

Tel: No:

Mob :

Fax :

E - mail: _____

*** Note : Use Xerox copies of registration form for more than 3 registrations.**