

Registration Form
Course Date: 2nd to 4th November 2023

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. 6000/- (Rs. 1080/- GST) X _____ = _____ (FCBM members)
(No. Of Participants)

Rs. 7000/- (Rs. 1260/- 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

Bank Details for Payment:

Name: Western India Corrugated Box Mfrs. Association **SB No.** 04120100010211

Bank: Bank of Baroda, Sakinaka Br., Mumbai **IFSC:** BARB0SAKINA

Name of the Organisation:

Billing Address:

Correspondence Address for Certificate:

GST No.:

Tel: No:

Mob:

E - mail: