

Registration Form
Course Date: 20th to 22nd November 2025

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. 7500/- plus (Rs. 1350/- GST) X _____ = _____ (FCBM members)
(No. Of Participants)

Rs. 9000/- plus (Rs. 1620/- 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:** BARBOSAKINA

Name of the Organisation :

Billing Address :

Correspondence Address for Certificate :

GST No.:

Tel: No:

Mob:

E - mail: