



Center for Quality Initiative

REGISTRATION FORM

Please fill in Capital Letters Only

ISO 15189:2012 LABORATORY MANAGEMENT SYSTEMS INTERNAL AUDITOR COURSE

Photo

Programme Type:- 4Days Dates : _____ City: _____

Name (Dr. /Mr. / Ms.): _____

Qualification: _____ Designation : _____

Working Organization : _____

Correspondence Address : _____

City : _____ Postal Code : _____

Mobile: _____ Email : _____

Mode of Payment : Cash Demand Draft Cheque NEFT

Payment Details Bank DD / Chq No. /NEFT _____ Date _____ Amount _____


Registration fee:

Participants	Fees
Doctors	10000 + GST 18%
PG Students/Technical Staff	8000 + GST 18%

Demand Draft/Chq /NEFT Should be drawn in favour of **Center for Quality Initiative** payable at Kolkata

POSTAL ADDRESS

Course Director

 (Center for Quality Initiative)
1063, Flat 4, Purbachal Main Road, Kolkata
Contact Detail Mobile No. +916290136881/08617227165
cqi.trainq2@gmail.com, qualityinstitute.consult@gmail.com

Details for NEFT Transfer

Name : CENTER FOR QUALITY INITIATIVE
Account No. : 50200034853233
Bank Name : HDFC BANK LTD, Purbachal
Main Road, Kolkata – 700078.
IFSC Code : HDFC0004014
GSTIN.: 19AOTPS8388G1ZR

Incomplete & illegible entries in registration form will not be accepted. Use only the official registration Form