



Value Added



REGISTRATION FORM

Workshop on Internal QC / EQAS

Saturday, October 31st, 2015

Laboratory/ Organisation Name: _____

Address: _____

Delegate (s) / Participant (s)

Sl No.	Name	Designation	Mobile No.	Email ID

PAYMENT DETAILS:

(DD / Cheque in favour of “Value Added Corporate Services P Ltd” payable at Chennai)

- Total Amount :DD / Chq No.....Dated:

Signature

Note: for more delegates / participants add more pages