

Registration Form

Date: _____

To,
Hon. Secretary
Western India Corrugated Box Mfrs. Association
138, Mittal Indl.Estate No.3,
M. Vasanji Road, Andheri (E),
Mumbai - 400 059.

Dear Sir,

Please register the following name(s) to the Certificate Course in Corrugated Packaging – Intermediate Course

Name*

Designation

1

2

3

Details of Registration Fees :

- Rs. _____ + (Rs. _____ GST@ 18%) x _____ = _____ (FCBM Members)
No. of participants
- Rs. _____ + (Rs. _____ GST@ 18%) x _____ = _____ (Non - Members)
No. of participants

Cheques (local) / D.D. No. _____ dated _____ for Rs. _____ drawn on _____ (Bank) in favour of **Western India Corrugated Box Mfrs. Association**, payable at Mumbai, is enclosed.

Please send confirmation of Registration.

Name of the Organisation :

Address : _____

Tel. No.: (Office)

(Resi):

E-mail :

GST No:

(Cell):

Signature

Note: ** Delete whichever is not applicable.