



ClinTech Research India Pvt. Ltd.

(A subsidiary of ClinTech Research LLC, New Jersey, U.S.A.)

Registration Form

Reg. No.....
(Official use only)

Training Name & Code.....

Note: Please fill the form in CAPITAL letters.

Salutation Dr. / Mr. / Ms

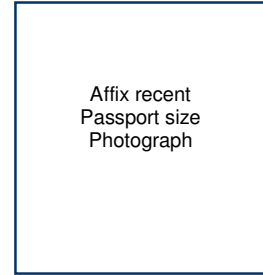
First Name

Middle Name..... Last Name

Profession

Organization

Designation (If working)



Affix recent
Passport size
Photograph

Correspondence Address

State Country Pin/Zip Code

Permanent Address

State Country Pin/Zip Code

Phone Number Mobile Number.....

email

(Required for Acknowledgement & Fee confirmation)

Bank Draft details: Bank Name

Branch Draft No. Date.....

Rs. (In figure) Rs. (In Words)

(D.D. favoring "ClinTech Research India Pvt. Ltd." payable at Lucknow. Please write name, contact no. & course name at the back of D.D.)

Please select the Mode of Training

Hands-on Workshop

Online Training

Academic Training

Whether accommodation required:

Yes

No

NA (For online training)

(Charges extra)

Terms & Conditions:

- Venue and date of training could be changed at the discretion of "ClinTech Research India Pvt. Ltd." However in the event of any changes, the company will communicate it to all the registered candidates for training.
- Acknowledgment of fee & confirmation of registration along with venue of the training will be intimated by E-mail.
- Online study link will be provided by email after confirmation of fee payment.
- Registration fee is neither transferable nor refundable.
- Charges for accommodation will be extra and payable at the time of reporting.

I accept the above terms & conditions.

Date

Place

.....
(Signature of the Candidate)

Mailing Address: ClinTech Research India Pvt. Ltd

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