

**INDUSTRY INSTITUTE PARTNERSHIP CELL (IIPC)
BMT Wing, SCTIMST**



REGISTRATION FORM

Name of the Participant (as required in the certificate)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Medical device industry <input type="checkbox"/> Researcher <input type="checkbox"/> Student
Educational Qualification	
Designation details	
Organization Name & Address	
E-mail id	
Contact numbers	Mobile: Landline:
Course code for which registration is sought	IIPC105
*Name of the course (Please select from the list)	
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian	

Payment Details:

GST ID of your organization	
As DD	
Amount paid	
DD details	Bank DD No..... Dated
Online transfer (details)	Date..... Transaction details

Bank details of the Institute: SCTIMST, PAN Number AAajs0437M, Account Number 57001148263,
IFRS Code SBIN 0070032, GST ID: 32AAajs0437M1Z4
Demand draft in favour of "The Director, SCTIMST" payable at Thiruvananthapuram