

**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 | IIPC107 |
| Name of the course | Biological safety and efficacy evaluation of medical devices |
| <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