

REGISTRATION FORM

Training Title: _____

Venue: ICAR-CIRCOT, Mumbai

Date: _____

Name: _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

Designation: _____

Name of the Farm/ Company (if applicable): _____

Address:

Contact Number: _____

Mobile Number: _____

Fax: _____

E-mail ID: _____

Details of Relevant Experience (if applicable):

How this programme is expected to benefit you?

Signature: _____

Payment Details

Demand Draft/ Cheque drawn in favour of "Director, CIRCOT" payable at Mumbai

Demand Draft/ Cheque No. _____ Dated: _____

Bank Name: _____

For the amount Rs. (in word): _____

The Following are the bank details for electronic fund transfer.

Beneficiary Account Name	Director, CIRCOT
Beneficiary Bank Name	State Bank of India
Beneficiary Bank Branch Address	Commercial Branch, Bullet,2/802/10, Lakhamsi Napoo Road, Opp. Raja Chatrapati Shivaji Vidyalaya, Dadar East, Mumbai – 400014
Beneficiary Bank A/c No	10001710244
Type of Bank A/c (Current A/c / Saving A/c or Cash Credit A/c)	Current A/c
NEFT IFSC Code of the bank branch of the Beneficiary	SBIN0004114
Bank Branch Code (only for SBI accounts)	004114