



# "Trainings on Quality Assurance for Safer and Sustainable Food, Environment & Health"

Organizers: ICMR-NIOH, Ahmedabad & CFWT, Mumbai



## REGISTRATION FORM

1. Training Program Detail (select from Calendar):

2. Dates (select from calendar):

3. Participants detail:

Sr. No.	Name of Participant	Designation	Male / Female	Email address	Mobile No.	Organization Name & address

4. Payment detail: DD no.....Date.....Bank.....  
Amount.....  
Transaction Id (Online Transfer)..... Date..... /...../..... Amount .....

### Bank Details for payment:

Account No. : 2623201001147  
IFSC Code : CNRB0002623  
Swift Code : CNRBINBBAFD  
Bank Name : CANARA BANK  
Branch : Drive In Road, Ahmedabad  
GSTIN : 27AAKFC3388B1ZH

Signature of Organization Head  
Date..... /...../.....

For any help to arrange accommodation please intimate in advance to program Coordinator

Tushar Parekh +91-9558617970

Email : [info@cfwtindia.com](mailto:info@cfwtindia.com)

Mailing Address: Neeraj Kant Pandey +91-9869462895 / 9820148124 ([cfwtntp@gmail.com](mailto:cfwtntp@gmail.com))

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