

**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"/> Faculty <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	IIPC110
Name of the course	Tissue Engineering for Medical applications
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian	

Payment Details:

GST ID of your organization (Please provide the copy of GST registration certificate 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 AAJS0437M, Account Number 57001148263,
IFRS Code SBIN 0070032, GST ID: 32AAAJS0437M1Z4
Demand draft in favour of "The Director, SCTIMST" payable at Thiruvananthapuram