

**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"/> Start-ups
Educational Qualification	
Designation details	
Organization Name & Address	
E-mail id	
Contact numbers	Mobile: Landline:
Course code for which registration is sought	<b>IIPC110</b>
Name of the course	<b>Cleaning, Packaging and Sterilization of medical devices</b>
<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)	
<b>As DD</b>	
Amount paid	
DD details	Bank .....
	DD No.....
	Dated .....
<b>Online transfer</b> ( details)	Date.....
	Transaction details .....

Bank details of the Institute: SCTIMST, PAN Number AAJS0437M, Account Number 57001148263,  
IFSC Code SBIN 0070032, GST ID: 32AAAJS0437M1Z4  
Demand draft in favour of "The Director, SCTIMST" payable at Thiruvananthapuram