| 1.Type Of Organizer:*       |                                     |                             |                                 |
|-----------------------------|-------------------------------------|-----------------------------|---------------------------------|
| -Please select the ty       | /pe of organization-                |                             |                                 |
| 2.Organizers/Firms Detail   | ils and Address Of Correspondence:* |                             |                                 |
| Name of Organizer:* State:* |                                     | Country:*                   |                                 |
| Registered Address Line1    | *                                   | Address Line2:              |                                 |
| PIN Code/ZIP:*              |                                     | Date Of Establishment:*     |                                 |
| Telephone No:               |                                     | Fax:                        |                                 |
| Email:*                     |                                     | Website:                    |                                 |
| PAN:*<br>CIN:*              |                                     | TAN:  GST Exempted/Non Exem | pted*: Exempted : Non Exempted: |
| GSTIN:*                     |                                     | GST Number State Code:      | *                               |
| 3.Contact Person Details:   | *                                   |                             |                                 |
| Primary                     |                                     |                             |                                 |
| Name:*                      |                                     | Email*:                     |                                 |
| Designation:*               |                                     | Mobile:*                    |                                 |
| Add                         | d More                              |                             |                                 |

| 4. Indian Agent Details:                         |                                |                                      |    |  |  |  |
|--|--------------------------------|--------------------------------------|----|--|--|--|
| Name:  |                                | Email:                               |    |  |  |  |
| Mobile:  |                                | Address:                             |    |  |  |  |
| 5. Name and residential a                        | address of board of directors/ | partners/proprietors of organization | :  |  |  |  |
|  |                                |                                      |    |  |  |  |
| Name:  |                                | Email:                               |    |  |  |  |
| Designation:                                     |                                | Residential Address:                 |    |  |  |  |
| 6. Name and address of office (if any) in delhi: |                                |                                      |    |  |  |  |
| Same as above :                                  |                                |                                      |    |  |  |  |
| Organiser's Branch Name:                         |                                | Country:                             |    |  |  |  |
| State:   |                                | City/District:                       |    |  |  |  |
| Address Line1:                                   |                                | Address Line2                        | 2: |  |  |  |
| PIN Code/ZIP:                                    |                                | Mobile:                              |    |  |  |  |
| Telephone No:                                    |                                | Fax:                                 |    |  |  |  |
| Email:   |                                |                                      |    |  |  |  |

| 7. Upload Documents (Self certified copies):  |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| NOTE: Uploaded document must be in JPEG, PNG image or PDF format and should be less than 300kb size   |   |  |  |  |  |  |
| Copy Of GST Registration Certificate:*  | Copy of Registration Certificates of the Company/Proof of CIN:* |  |  |  |  |  |
| Copy of TAN Number:*  | Copy of PAN Number:*  |  |  |  |  |  |
| 8. Bank Details (for e-refund):   |   |  |  |  |  |  |
| Name of the Party/Beneficiary:*   | IFSC Code:*   |  |  |  |  |  |
| Bank Account Number:*   | Type of Account:*   |  |  |  |  |  |
| Name of the Bank:*  | Name of the Bank<br>Branch:                                     |  |  |  |  |  |
| 9. Google Validation:*  |   |  |  |  |  |  |
| Google Captcha:   | ERROR for site owner: Invalid domain for site key               |  |  |  |  |  |
| 10. Declaration:  |   |  |  |  |  |  |
| I hereby declare that the above information is true to the best of my knowledge and also undertake that I have read carefully the terms & conditions given in the Manual uploaded on the website. |   |  |  |  |  |  |

Submit