GEI 06-010420 F4.9-01 R**EGISTRATION**  00.000000





**REGISTRATION FORM FOR SAMPLING IN AGRICUTURAL PRODUCTS**

**SEPARATE FORM IS TO BE FILLED FOR EACH AGRICULURAL PRODUCT**

Fill & Scan in **PDF Format** and Emailto: [**greeneconomyipl@gmail.com**](mailto:greeneconomyipl@gmail.com) (No Hard copy to be Send)

**Receipt of registration form is acknowledged in 72 hours. Contact PT provider if no acknowledgement is received in given time,**

**ALL COLUMNS marked ‘\*’ are to be filled MANDATORY**

**I. PARTICIPATING LABORATORY ADDRESS BELOW-PREFERABLY TYPE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Laboratory Name\*:** |  | | | | | |
| **Organization Name\*:** |  | | | | | |
| **Address Line (1)\*:** |  | | | | | |
| **Address Line (2)\*:** |  | | | | | |
| **District\*:** |  | **Pin\*:** |  | | **State\*:** |  |
| **Provide NABL Certificate No.\*: TC-XXXX** | | | |  | | |

**II. All correspondence is sent on registered email ids only. Give email ids of people who access and will be dealing.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lab Head\***  **(Designated Management)** |  | | | **Designation\*** |  |
| **Mobile\***  Do not give Landline |  | **Email(s)\*** |  | | |
| **Quality Manager Lab\***  **(Day to day Contact)** |  | | | **Designation\*** |  |
| **Mobile\***  Do not give Landline |  | **Email(s)\*** |  | | |
| **Any other Person**  **Accounts / Coordinator / TM** |  | | | **Designation** |  |
| **Mobile**  Do not give Landline |  | **Email(s)** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **GST No. \*** |  | **TAN No.** |  |

**IF GSTIN IS IN NAME OF INDIVIDUAL / ORGANIZATION OTHER THAN DETAILS GIVEN AT (I) OR BILLING IS TO BE DONE IN SOME OTHER NAME PROVIDE ALL INSTRUCTIONS CLEARLY ON A SEPARATE PAGE. IF YOU WANT TO DEDUCT TAX AT SOURCE IT IS MANDATORY TO GIVE TAN No.**

**III. REGISTRATION DETAILS**\*:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PT Scheme Code\*** | **Registration Closure Date\*** | **Sampler Name** | **Sampler Mobile** | **Sampler email id** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**INSERT MORE LINES AS REQUIRED**

**There is no need to fill rates. Registration form is reviewed. A Pro-forma Invoice is send as per PT Calendar for making payments along with bank details and other relevant information. I have read the terms and conditions and agree with them.**

**Signature of authorized person of Lab\*** Name \*:

Designation\*:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

For Office Purpose: Review and Remarks if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PTP Signature