

REGISTRATION FORM

PADDLE NO:		С	DATE:
FIRST NAME:	LAS	T NAME:	
	CITY:		
ORGANISATION NAME:			-
GST NUMBER:			
• AADHAR CARD NO. :	(ANY ONE):		
REFERENCES (PROVIDE AT	LEAST 2 REFERENCES):		
1. PERSON NAME:	MOBILE:	:	_ CITY:
2. PERSON NAME:	MOBILE:	:	_ CITY:
The abo	ve information is true to the	e best of my know	ledge

SIGNATURE