



# National Accreditation Board For Testing And Calibration Laboratories



(A Constituent Board of Quality Council of India)

## Training program on “General requirements for the competence of Reference Material Producers (RMP) as per ISO 17034:2016

Please complete and return this form by email/courier to

**Ms. Anita Rani (Coordinator)**

Contact no.: 0124-4679732 / 0124-4679790

Email: anita@nabl.qcin.org / pooja@nabl.qcin.org

National Accreditation Board For Testing and Calibration Laboratories (NABL),

NABL House, Plot No. 45, Sector-44, Gurgaon - 122003, Haryana

### REGISTRATION FORM

Please select the program for registration (tick in check box)		
<input type="checkbox"/>	Lucknow 10 <sup>th</sup> -12 <sup>th</sup> Oct 2019	<input type="checkbox"/>
<input type="checkbox"/>	Pune 21 <sup>st</sup> -23 <sup>rd</sup> Nov 2019	<input type="checkbox"/>
<input type="checkbox"/>	Hyderabad 9 <sup>th</sup> -11 <sup>th</sup> Jan 2020	

#### A. REGISTRATION FEES

Registration fee per participant*	Rs. 10000 + GST @ 18%
DD/ Cheque/ Payment Gateway Reference No. & Date	
Bank Name & Branch	
Registration will be closed before 45 days of the program	

\*Fees to be paid by Payment Gateway, DD / Cheque in favour of Quality Council of India, payable at New Delhi

#### B. PERSONAL PARTICULARS

Title (please tick)	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>
Name	:			
Organization	:			
Position/Designation	:			
Organization Address (With City & Pin Code)	:			
Email Address			Telephone / Mobile	

#### C. Information on Reference Materials

<b>About your organization profile (please tick applicable one in all the four category)</b>	1. <input type="checkbox"/> Manufacturer organization <input type="checkbox"/> Laboratory <input type="checkbox"/> Others _____
	2. <input type="checkbox"/> Testing <input type="checkbox"/> Calibration <input type="checkbox"/> Medical <input type="checkbox"/> RMP <input type="checkbox"/> PTP <input type="checkbox"/>
	3. <input type="checkbox"/> Producers of Reference Materials (RMs) <input type="checkbox"/> User of RMs
	4. If RM Producer - <input type="checkbox"/> Accredited <input type="checkbox"/> Applicant <input type="checkbox"/> Potential

#### D. Please specify area in which producing / using reference materials

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#### E. Expectation from Training Program

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(Signature & Date)

**Note:** (a) Please note that seats are limited and will be registered on first come first basis.

(b) Participants have to make their own arrangements for accommodation.

(c) Fees once submitted will not be refunded.

VENUE FOR THE PROGRAM WILL BE INFORMED TO CONFIRMED PARTICIPANTS