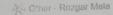




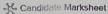
→ My Staff

-X Covid Support













- Dashboard

## Training Partner Registration Form

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### TRAINING PARTNER DETAILS

Name of Organization Type of Organization Year of Establishment Landline Number Website Name of CEO/MD/Head Email of CEO/MD/Head Mobile No. of CEO/MD/Head Name of Authorized Signatory Email ID of Authorized Signatory Mobile No. of Authorized Signatory

## Organization info:

Name of the Organization: \*

REMEDICA INTERNATIONAL

Type of the Organization: \*

Firm

Year of Establishment: \*

2022

Preview Attached Proof Document

Landline Number:

Enter the landline number

Website:

www.remedica.in

#### **ADDRESS**

Address Lines Landmark Pincode State/Union Territory Tehsil/Mandal/Block City/Town/Village Parliamentary Constituency Address Proof

## CEO/MD/Head of the Organization info:

CEO/MD/Head's Name: \*

Arnab Das

CEO/MD/Head's Email Address: \*

amabdas2k14@gmail.com

CEO/MD/Head's Mobile Number: \*

7044671249

The above person should be considered as:

**Authorized Signatory** 

#### **FINANCIAL**

PAN Details **GST Details** Annual Turnover Details

**DECLARATION & PAYMENT** 

### Authorized Signatory info:

Authorized Signatory Name: \*

Arnab Das

**Authorized Signatory Email** Address '

amabdas2k14@gmail.com

**Authorized Signatory Mobile** 

Number \*

3

7044671249

arnabdas2k14@gmail.com

arnabdas2k14@gmail.com

arnahdas2k14@gmail.com

# Added Authorized Signatory:

Arnab Das

Arnab Das

Arnah Das

S. No	Name	Email Address	Mobile Number	Action
1	Arnab Das	arnabdas2k14@gmail.com		
2	Arnab Das	arnabdas2k14@gmail.com		