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

ADDRESS

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

FINANCIAL

- PAN Details
- GST Details
- Annual Turnover Details

DECLARATION & PAYMENT

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

CEO/MD/Head of the Organization info:

CEO/MD/Head's Name: * Arnab Das

CEO/MD/Head's Email Address: * arnabdas2k14@gmail.com

CEO/MD/Head's Mobile Number: * 7044671249

The above person should be considered as: Authorized Signatory

Authorized Signatory info:

Authorized Signatory Name: * Arnab Das

Authorized Signatory Email Address * arnabdas2k14@gmail.com

Authorized Signatory Mobile Number * 7044671249

Added Authorized Signatory:

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