



**FORM-1**

Date: --/--/20--

**PT SCHEME REGISTRATION FORM**

Program Code .....

\*Refer PT Program Calendar

Name of the Laboratory .....

Name & Designation of the Contact person

.....

Address:.....

.....

Pin Code .....

Telephone .....

Mobile .....

E-mail id (1) ..... Email id (2).....

We express our consent to participate in the scheme as per the parameters selected below:

S. No.	SCHEME	PARAMETER*	TEST METHOD*	LAST DATE OF REGISTRATION*
1				
2				
3				
4				
5				
6				
7				

(\*Refer PT Program Calendar)

**PT DIVISION**

7, KESAR VIHAR, OPPOSITE KHATU SHYAMJI TEMPLE  
RAMNAGARIYA ROAD, JAGATPURA,  
JAIPUR-302017, RAJASTHAN (INDIA)

**CERTIFICATE NO: PC-1030**  
**NABL ACCREDITED PT PROVIDER**

Registration fees Rs.....  
GST @ 18 % Rs .....

Grand Total Rs.....

Net Amount (in words) .....

Participation fee along with GST is enclosed herewith as per following detail:

Mode of Payment.....

Dated.....

Drawee Bank.....

Transaction Id .....

GSTIN of the Company/Laboratory .....

Date:

(Name & Signature)

Place:

Authorized Signatory

Organization stamp

**Bank Details for NEFT : SCS Enviro Services Pvt. Ltd.**  
**payment**  
**Name of the bank : Bank of Baroda**  
**Bank Address : C-39, Malviya Nagar Jaipur**  
**Bank account type : Current**  
**Account No. : 29110200000582**  
**NEFT / RTGS code : BARBOMALJAI (5<sup>th</sup> digit is zero)**  
**PAN No. : AATCS6792D**  
**GST No. : 08AATCS6792D2ZN**  
**SWIFT code : BARBINBBJAI**

\*Cheques/DD shall be drawn in favour of "SCS Enviro Services Pvt. Ltd.," payable at Jaipur.

\*\*Payment made through NEFT/ECS shall be notified to PT coordinator with complete details along with the GSTIN of your company/laboratory.