



**ELECTRON BEAM RADIATION PROCESSING FACILITY (ARPF), RRCAT,
INDORE**

CLIENT REGISTRATION FORM

Document No.

ARPF/OFR/02

Page No.

Page **1** of **1**

Client Registration Form

1.	Name of Organization/ Institutions	:					
2.	Type of Organization (Private/ Semi-private/ Government/ PSUs/ others)	:					
3.	Registered Office Address	:					
	Phone No./ Fax No.	:					
	Mobile no.	:					
	E-mail	:					
4.	Manufacturing Site/ Factory Address	:					
	Phone No./ Fax No.	:					
	Mobile no.	:					
	E-mail, if any	:					
5.	Authorized Contact Persons Details	:		Name	Designation	Mobile no.	E-mail
			5.1.				
			5.2.				
6.	GST Registration No.	:					
7.	Income Tax PAN No.	:					
8.	FDA Loan Licence No., if applicable	:					
9.	Any other Information	:					
				Signature	:		
				Name	:		
				Designation	:		
				Seal of Company	:		