



GAMMA

AGRO-MEDICAL PROCESSINGS PVT. LTD.

CLIENT REGISTRATION FORM

1. Name of the Organisation : _____
: _____
: _____

2. Registered Office Address : _____
: _____

Phone No / Fax No. : _____

E-mail : _____

3. Factory Address : _____
: _____

Phone No / Fax No. : _____

4. Authorized Contact Persons : _____

Name: _____ Designation: _____ Contact No.: _____

5. Name of the Product(s) : _____
requiring Irradiation _____

6. Dose Required for Products : _____

7. Excise Registration Details : _____
: _____
: _____
: _____

8. Sales Tax Registration No. : _____

State: _____ Central: _____

9. Income Tax PAN No. : _____

10. Drugs Authority Licence No.: _____

11. Any other Information : _____

Signature : _____

Name : _____

Designation : _____

Seal : _____

FOR GAMPPL USE ONLY

Date of Receipt :

Client Registration Number :