



Scheme for Voluntary Certification of Yoga Professionals

2 Days programme on Training of Trainee - Workshop on Harmonization of Yoga Examiners

Date: 23 – 24 June 2017 – Bangalore

Venue: (Swami Vivekananda Yoga Anusandhana Samsthana - S-VYASA

Address: Prashanti Kutiram Vivekananda Road, Kalluballu Post,
Jigani, Anekal, Bengaluru – 560 105)

Please complete and return this form **on or before 21 June 2017**

By email to
Ms. Ruchi Singh
QCI Secretariat

Email: yogaquery@qcin.org; Tel: +91-11-23379321, Ext. 54

NOMINATION FORM

Please tick Bangalore

A. PERSONAL PARTICULARS

Title (*please tick*) Mr. Mrs. Ms. Dr.

Name	:		
Organization	:		
Position / Designation	:		
Organization Address	:		
City		Postal Code / Zip	
State		Telephone (O)	
Fax		Telephone (R)	
Email Address		Mobile	

PS:

- Please note that seats are limited and will be registered on first come first basis.



ELECTRONIC CLEARING SERVICE (CREDIT CLEARING TIMES GROSS SETTLEMENT (RTG) FACILITY FOR RECEIVING PAYMENTS

SL. NO.	DETAILS OF ACCOUNT HOLDER	
1.	NAME OF ACCOUNT HOLDER	QUALITY COUNCIL OF INDIA
a)	COMPLETE CONTACT ADDRESS	2 ND FLOOR, INSTITUTION OF ENGINEERS BUILDING, BAHADUR SHAH ZAFAR MARG, NEW DELHI – 110002 – INDIA
b)	TELE No. / Fax / E-mail	011-2337 9321, 23379621 info@qcin.org
2.	DETAILS OF ACCOUNTS DETAILS-	
a)	BANK NAME	AXIS BANK LTD.
b)	Branch Name with complete address	6/83, Padam Singh Road, W.E.A. Karol Bagh, New Delhi – 110 005 Tel No.011 45400735 Fax : 011-45400734 Web : www.axisbank.com
c)	Whether the branch is computerized?	Yes
d)	Is the branch also NEFT	Yes
d)	Type of Bank Account	Savings Bank A/c
e)	Complete Bank A/c No.	223010100053020
f)	MICR Code of bank	110211025
g)	RTGS / IFS Code	UTIB0000223

c) Date of effect-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as me participant under the scheme.

For Quality Council of India



.....
Authorized Signatory
Signature of Customer

Date : 05/11/2009

Certified that particulars furnished above are correct as per our records.
(Bank's Stamp)


.....
Signature of the Authorized Official from the Bank



Date:

1. Please attach a photocopy of cheque alongwith the verification obtained from the bank