

# PC Training Institute Ltd.

**PCTI House UU-11, Pitam Pura, Delhi-110088**

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FORM- 3

## REGISTRATION FORM

To be filled by ..... requesting for Online Booking through www.irctc.co.in

(To be submitted in Hard Copy & Soft Copy)

\* Mandatory

Company Name \* \_\_\_\_\_

### Person Representing Company

First Name \* \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \* \_\_\_\_\_

Date Of Birth \* \_\_\_\_\_

Office Address \* \_\_\_\_\_

\_\_\_\_\_

City \* \_\_\_\_\_

State \* \_\_\_\_\_

Pin Code \* \_\_\_\_\_

Country \* \_\_\_\_\_

Phone Number \* \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Id \* \_\_\_\_\_

Contract End Date \* \_\_\_\_\_

Demand Draft No. \_\_\_\_\_

Date of issue \_\_\_\_\_

Drawn on the Bank \_\_\_\_\_

User Name As in \_\_\_\_\_

Digital Certificate \* \_\_\_\_\_

Certification Authority Name \* \_\_\_\_\_

Digital Certificate Serial Number \* \_\_\_\_\_

**Signature and Seal**