



## APPLICATION FORM

Dear Sir / Madam,

Please register the following nominee(s)\* for participation in the  
**Training Programme on**

**"Testing and Quality Evaluation of Packaging Materials & Packages"**

**20<sup>th</sup> – 21<sup>st</sup> March, 2025 at Indian Institute of Packaging, Kolkata**

Our Demand Draft for **Non Member Rs.7,788.00 / Ordinary Member Rs. 7,009.00 / Life / Patron Member Rs.6,620.00** per participant is enclosed\*\*

Name\*\*\*MR / MS : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Company Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Address : \_\_\_\_\_

Company GST No. : \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_ Mob No. \_\_\_\_\_

Is organization Member of I.I.P. Yes  No.   
Life/Patron/Ordinary

Principal products produced/used: \_\_\_\_\_

Packaging materials used: \_\_\_\_\_

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Designation:

\_\_\_\_\_  
Signature:

Address of sponsored: \_\_\_\_\_

\*Kindly use typed/photocopy of the forms for additional nomination(s).

\*\*Demand Draft / Cheque / Online should be drawn in the name of '**Indian Institute of Packaging**' Only.

**Bank Name: State Bank of India**

**Account no 11334345117**

**IFS Code: SBIN007816**

\*\*\*If two or more nominations for Non Member Companies from the same organization Concession of Rs.500/- Per participant is admissible.

▪ **Please send your nomination to:**

**Indian Institute of Packaging**

Block – CP – 10, Sector – V, Salt Lake City, Bidhan Nagar, Kolkata – 700 091.

TEL: 033 - 2367 0763/ 2367 9561 / 2367 6016 CELL - 8017219939.

Email: [iipkolkata@iip-in.com](mailto:iipkolkata@iip-in.com); [adminassistantiipkolkata@iip-in.com](mailto:adminassistantiipkolkata@iip-in.com) ; Website: [www.iip-in.com](http://www.iip-in.com)