



QUALITY CIRCLE FORUM OF INDIA - VADODARA CHAPTER

Allied

REGISTRATION FORM FOR ONLY ALLIED QC CONCEPTS

For Participation in Convention on Allied QC Concepts on 3rd September 2017 (Sunday)
28th Annual Convention – VCCQC-2017

Name of Organization: _____

Address: _____

1 Name of Quality Concept (Alied) _____

- Please Indicate Whether Five-S/TPM/Six Sigma/LQC/QMS/Any Other

Institution Membership

No.: _____

This data is very mandatory
For QCFI Vadodara Chapter

Name of Contact Person: _____ Designation: _____

Telephone Nos.: _____ E-mail ID: _____

SL No.	Name of Presenter	Tick Mark		Designation
		P	D	
1				
2				
3				
4				

P: Presenter

D: Delegate

FEES STRUCTURE

SL No.	Case Study Presentation	Minimum Participant	Registration Fees Per Participant	Total Amount
1	Case Study Presentation on Allied Concepts	3	3750.00	11250.00
2	Delegate and Additional Presenter Attending the Convention	-	3750.00	3750.00

*** Participation Fees + 18% GST Per Participant**

Please send cheque / DD in favour of "QUALITY CIRCLE FORUM OF INDIA – VADODARA payable at Vadodara"

Cheque/DD No. _____ Dated _____ Amount Rs. _____ Drawn on Bank _____

NOTE: FORM SHOULD BE SUBMITTED BY 14TH AUGUST 2017 ALONG WITH 1 HARDCOPY, CD

FOR ONLY FUND TRANSFER

- Account Name: Quality Circle Forum of India – Vadodara
- Name Bank: BANK OF BARODA

- Branch Name: Manjalpur
- Bank Account No: 01940100030249
- IFSC/TRGS Code: BAR00MAJALP (Fifth Character is Zero)
- MICR Code : 390012033

FOR INDUSTRIAL VISIT

**Only Allied QC Concepts 3rd September 2017 (Sunday)
To be Held on 4th September 2017 (Monday)**



REGISTRATION FORM
For Participating in
INDUSTRIAL VISIT

To be Held on 4th September 2017 (Monday)
Only Allied QC Concepts / Delegates

Name of the Organization and Unit : _____

Name of Quality Circle/Quality Concept Team _____

Sr No.	Action	Timings
1	Reporting of Participants at Venue	9:00 am
2	Leave for factory visit in Vehicles Organized by QCFI	9:30 am
3	Lunch will be provided	1:00 pm
4	Return back to base	4:00 pm

DETAILS OF THE PARTICIPANTS

SR NO.	NAME OF THE PARTICIPANT (IN CAPITAL LETTERS)	POSITION IN THE TEAM WITH DESIGNATION

Note:

- Factory visit is optional.
- If you want to participate in factory visit registration is mandatory for us to organize the vehicle and lunch arrangements.
- The charges are covered in the programme fees.

Signature _____ Designation _____

Name of the Signature _____ Date _____