

## Registration Form

Title (Prof. /Dr./Mr./Mrs./Ms.) \_\_\_\_\_

First Name      Middle Name      Surname

Designation \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Pincode \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Office \_\_\_\_\_

Email \_\_\_\_\_

Number of Persons to be registered \_\_\_\_\_

**Mode of Payments: Bank Draft / Cheque / Cash**

In favour of "**Optim Associates LLP**", payable at Rajkot.

Bank draft/ cheque No. \_\_\_\_\_ Dated: \_\_\_\_\_

Amount \_\_\_\_\_ Drawn on \_\_\_\_\_

Bank \_\_\_\_\_

Branch \_\_\_\_\_

Signature  
\_\_\_\_\_

**Please send completely filled form to:**

**Ms. Nidhi Thacker**

Vision House, 3, Dhruv Nagar, Off. Raiya Road,  
Rajkot – 360001, Gujarat, India

**Phone:** +91-281- 2455558

**E mail:** [consult@optim.in](mailto:consult@optim.in), [nidhi@optim.in](mailto:nidhi@optim.in)