**Registration Form**

**Date: 15-16 October, 2020**

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| **Title of the Program:**  **Pre- and Post- harvest sampling of fruits and vegetables for agrochemical residue analysis and aflatoxin analysis in peanut and peanut products** | | |
| **Name of the Laboratory/Institute:** | | |
| **Address of the Laboratory with contact details:** | | |
| **Number of nominated participants:** | | |
| **Payment Type:** **RTGS only** | | |
| **Particulars of Programme Fee Remitted: (RTGS/NEFT Details should be provided)** | | |
| Si. No | Name of the Participant | E-mail ID of the Laboratory |
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\* The E-mail ID mentioned will be used for sending Virtual Meeting Link

**Name and Signature of the Nominating Authority**