**Application for AERB Registration**

|  |
| --- |
| Name of Institute : |
| Institute Type : Govt/ Private/Joint Venture |
| Registered with any State/Central Govt Auth. : Yes / No |
| Provide Certificate No. : |
| PAN No. : |

**Institution Address:**

|  |
| --- |
| Address Line 1 : |
| Address Line 2 : |
| Landmark : |
| State : |
| City/District : |
| Pin Code : |

|  |
| --- |
| Phone (O) – |
| Email (O) - |
| FAX – |
| Website – |

**Contact Details:**

**Employer Details:**

**Personal Details:**

|  |
| --- |
| Title : Mr/Mrs./Ms/Dr |
| First Name – |
| Middle Name |
| Last Name: |
| Designation – |
| Date Of Birth – |
| Gender : Male / Female |
| Document/card for proof of identityand date ofbirth: |
| Document/card No: |

**Address for Communication**

|  |
| --- |
| Address Line 1 : |
| Address Line 2 : |
| Landmark : |
| State : |
| City/District : |
| PIN : |

**Contact Details:**

|  |
| --- |
| Phone (O) : |
| Phone (R) : |
| Email (O) : |
| Mobile(+91) : |

|  |
| --- |
| **EQUIPMENT DETAILS** |
| **S.No** | **Type of Equipment** | **Make & Model** | **Equip. Type Approval No** | **New** | **Refurb** | **Year of Installation** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**TLD BADGE**: Inst #**\_\_\_\_\_\_\_\_\_\_\_\_**

**Documents: Required documents will be advised based on the**

**Modalities available.**



**AERB Authorized Service Provider**

**(AERB/RAD/MDX-QASA/2014/5919)**

**Comprehensive Solution for**

**AERB License & Registration**