

# RML Quality Assurance Program Participant Enrollment Form



Cycle – 6 Year 2017

Please Fill Sign and Stamp the Form

## Registration

- New Registration    Yes     No
- Renewal Registration    Yes     No     • If Yes – RML QAP Lab code

## Laboratory Details

- Name of Laboratory .....
- Government Organization     • Private Organization
- NABL Accredited     • Applied for NABL Accredited   
(If yes attached NABL certificate)

## Address of Laboratory

- Name of Director /Owner .....
- Address .....
- City.....    • State .....
- Phone No. ....    • Mobile No. ....
- Email Address .....

## Name of Consultant Pathologist / Microbiologist

- Name .....
- Phone No. ....    • Mobile No. ....
- Email Address.....

## Name of Contact Person

- Name .....
- Phone No. ....    • Mobile No. ....
- Email Address.....

## Scope & Fees Detail

(Please tick desired fields for participation)

Fields		Annual Fees		Handling Charges		Total Annual Charges
• Clinical Biochemistry	( )	3000	+	1600	=	4600
• Immunology	( )	3000	+	1600	=	4600
• Hematology	( )	3000	+	1600	=	4600
• Histopathology & Cytopathology	( )	3000	+	1100	=	4100
• Microbiology & Serology	( )	3000	+	1100	=	4100

## Details of the Payment

By Cheque  DD

Cheque /DD in favour of "RML Research Foundation Society" drawn on

..... Bank, for Rs.....

(Rs in word.....)

Dated.....Cheque /DD Number.....

## Detail of NEFT

- Transaction No.....
- Account Name : RML Research Foundation Society
- Account No. : 200998985116
- Name of the Bank : IndusInd Bank Ltd
- Branch : Ks Trident, 10 Rana Pratap Marg, HazratGanj Lucknow –UP-226001
- City, State & Country : Lucknow, Uttar Pradesh & India.
- IFSC Code : INDB0000019

## Correspondence Address

PT Co-ordinator, RML Quality Assurance Program (Unit of RML Research Foundation Society)  
B-171,Nirala Nagar Lucknow -226020 Tel.No. 0522-4034100 Email ID : rmlresearchfoundation@gmail.com

## Declaration

I/We,..... for ..... (Name of Lab)

Hereby declare that, I am / we are joining the RML –QAP on purely voluntary basis and that, I shall / we will abide by the regulation laid in the programme.

Date.....

Stamped & Signed by  
Authorised Signatory