

RML Quality Assurance Program Participant Enrollment Form



Cycle – 7 Year 2018

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 • Pin code
- 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 |
| • Urine Routine Analysis | () | 3000 | + 1600 | = 4600 |
| • Haemoglobin (HbA1c) | () | 3000 | + 1600 | = 4600 |

Details of the Payment

DD

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

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

(Rs in word.....)

Dated.....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