**RESTRATION FORM - TEAM**

**(Please email this form immediately)**

The Regional Secretary Phone : (020)66061219-20

ACMA – Western Region Cell   : +91-9637125249

10th Floor, Godrej Eternia—“C” E-mail : alok.pawar@acma.in

Old Mumbai – Pune Highway acmawr@acma.in

Wakdewadi, Shivaji Nagar Pune-411005

**Last Date: 10th January 2024**

Dear Sir,

### 4th ACMA (WR) HR BEST PRACTICES COMPETITION - VIRTUAL

Friday 19th January, 2024

\* Kindly make sure that each column of registration form is filled

Name of the Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Categories to participate: (Learning & Development, Employee Engagement & Recognition, Beyond HR/ Innovative HR) Please tick (✔).

Communication Language: (English / Marathi / Hindi) (Please tick).

Please fill in names of the persons in the team who will actually make the presentation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Name of Presenters** | **Designation** | **Mobile no.** | **Email**  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Name of the Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACMA Member: Rs. 7,000**/-+ 18% GST **(Total Rs. 8,260/-) Per team, per presentation slot.**

**\*Important** :

1. **The participating companies are requested to send participation fee by 10th January 2024 to reconfirm their participation. Intimation of cancellation will be accepted one week prior after that the participation fee will be applicable.**
2. Since the competition is online, therefore, presentations reaching on time (by Friday, 12th January, 2024) will also be part of the criteria to decide winners.

*For invoice purpose please see page no. 2*

|  |
| --- |
| **Details required to raise Invoice** |
| **PO number if any to be mentioned on the Invoice**  |  |
| **Name of the person to whom invoice need to be sent**  |  |
| **Designation** |  |
| **Company Name** |  |
| **Address registered for GST** |  |
| **GST No.** |  |
| **Mobile/ Phone Number** |  |

Note:

* **To avoid TDS on higher rate, duly signed declaration will be sent on confirmation along with invoice.**
* **The invoice will be raised as per the above information. Kindly note no changes will be accepted after E-Invoice is raised, so please make sure the above information is correct.**
* **The Participation Fee is non-refundable**
* **The programme is non-residential & Participation will be by prior registration only**
* **Reconfirmation will be sent by ACMA**
* **Cancellation will be allowed one week prior to the event date.**
* **NEFT / RTGS Payment has to be credited in the below bank account only:**

---------------------------------------------------------------TEAR OFF HERE, ENCLOSE CHEQUE---------------------------------------------------------------------

Please find enclosed herewith our at par cheque no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ favouring **Automotive Component Manufacturers**

**Association of India** for Rs.\_\_\_\_\_\_\_\_\_ towards participation fee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

TDS has/ has not been deducted, TDS Amount Rs.\_\_\_\_\_\_\_\_\_\_\_. Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |
| --- |
| **Send payment cheque to:** Kind Attn: Ms. Ashwini Kulkarni, Regional Secretary, ACMA WR, Office No. C, 10th Floor, Godrej Eternia C, B-Wing, Old Mumbai Pune Highway Wakdewadi, Shivajinagar, Pune- 411005. Tel No. (020) 66061219/20 |
| **Bank Details for NEFT/ RTGS**: Name of AC Holder: Automotive Component Mfg. Association of IndiaName of Bank : State Bank of India Branch : Shivaji Nagar, Pune Nature of Bank AC : Current ACBank AC No .: 32690146194 IFSC Code : SBIN0007339 MICR Code of the Branch : 411002016 |