

**INDIA BUSINESS DISABILITY NETWORK**

 **A CII-ILO-EFI Partnership**

 EXPERT SOLUTION PROVIDER FORM

1. **Name of the organisation**……………………………………………………………………
2. **Official Address** ……………………………………………………...…………………………………………...

……………………………………………………………………………………………………

…………………………………………………….**Pin:** ………………………………………..

1. **Tel No**………………….……………………….. **Fax:**………………………………………...
2. **E-mail:** ……………………..…………………………………………………………………..
3. **Contact 1**
4. Name ……….……………………………………………….…………………...
5. Designation ………………………………………………………………………
6. Mobile: .……………………………………………………………………………
7. E-mail: …………..………..………………………………………………………..
8. **Contact 2.**
9. Name ……….……………………………………………….…………………......
10. Designation ………………………………………………………………………..
11. Mobile: .……………………………………………………………………………..
12. E-mail: …………..………..…………………………………………………………
13. Type of Sector & Key Areas

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Institutional Partners/Expert Solution Providers: **Rs. 7500/- + GST**

**Payment Details:**

You may pay by cheque/ demand draft in favour of "CONFEDERATION OF INDIAN INDUSTRY" payable at New Delhi and forward it to our address:

Bank details for remittance:

Account Holder Name: CONFEDERATION OF INDIAN INDUSTRY

Bank Name and Address: STANDARD CHARTERED BANK , 23 Barakhamba Road, Narain Manzil

New Delhi- 110001

Bank Account Number : 522-0-503577-5

IFSC Code : SCBL0036020

Type of account : CURRENT ACCOUNT

MICR : 110036002

*For details contact: pranshu.vats@cii.in*