

Crystal Quality PT Provider

Office No: 124, 1st Floor, Orchid Harmony, Opp. Palanpor Fire Station, T.P. 9, Gaurav Path Road, Palanpor, Surat, Gujarat– 395009.



CQPTP REGISTRATION ID FORM

Registration ID: _____

Date of Registration: _____

(To be generated by PT Provider upon successful registration)

A. Billing Details:

(All columns are mandatory to fill)

1.	Organization Name	:	
2.	Address	:	
3.	City & State	:	
4.	Pin code	:	
5.	GSTIN No	:	
6.	Contact No	:	

B. Registration & Contact Details of Participant:

1.	Organization or Laboratory Name:	:	
2.	Address	:	
3.	City & State	:	
4.	Pin code	:	
5.	ISO 17025 Accreditation Status:	:	<input type="checkbox"/> NABL Accredited <input type="checkbox"/> Non-Accredited
6.	Certificate No. (if applicable):	:	
7.	Lab Head (Designated Management)		
a.	Name	:	
b.	Designation	:	
c.	Email(s)	:	
d.	Contact No.	:	
8.	Quality Manager (Day to day Contact)		
a.	Name	:	
b.	Designation	:	
c.	Email(s)	:	
d.	Contact No.	:	
9.	Any other Person (TM/Accounts/Coordinator)		
a.	Name	:	
b.	Designation	:	
c.	Email(s)	:	
d.	Contact No.	:	

C. Declaration

I hereby declare that all the information provided in this registration form is true, correct, and complete. I agree that any false or misleading information may lead to cancellation of my registration. I/we agree to abide by all the notes, terms, conditions, and guidelines issued by the PT Provider for participation in Proficiency Testing programs.

Authorized Person Name :	
Designation:	
Seal of Laboratory & Signature:	
Date:	

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❖ INSTRUCTIONS FOR REGISTRATION

1. Please read CQPTP PT Calendar Notes before registration.
2. Only laboratories with a valid Registration ID (issued after Registration ID generation by CQPTP) are eligible to register for PT schemes.
3. All columns are mandatory to fill. Incomplete or incorrect forms may be rejected.
4. Submit a separate registration form for each PT scheme you wish to participate in.
5. Registration will be processed only after receipt of payment. Registration fees are non-Refundable even participant does not take part in the registered PT.
6. All billing and invoicing will be generated as per the information submitted during the Registration ID Form process.
7. All communication, including dispatch updates, results and reports, will be sent to the registered email ID provided in Registration ID Form.
8. Participants must immediately inform CQPTP by email if any changes occur in their Registration ID Form details.
9. Please Fill & Scan this form in PDF Format and Email to: crystalqualityptprovider@gmail.com (No Hard copy require to be Send).
10. CQPTP will not be responsible for email lapses, communication failures, postal delays, or any other issues affecting correspondence or sample delivery. Participants are advised to regularly check their inbox and maintain active communication.
11. Any further Clarification,

Contact: PT Coordinator +91 9727091221 or Email: crystalqualityptprovider@gmail.com

For Office Purpose	
Review/ Remarks if any	PT coordinator/Proprietor Signature

*****END OF DOCUMENT*****