



DGM | Vendor GYM Registration Form



THIS FIELD IS ONLY FOR OFFICE USE!

Registration Number

Registration Date

Registration Status

CLIENT INFORMATION

Name

Email

Phone

Department

GYM INFORMATION

GYM Name

GYM Type

☐ Male

☐ Female

☐ Unisex

GYM Address

GYM Landmark

GYM City

GYM Pincode

GYM State

DGM / Ver.

SOME EXTRA DETAILS

PAN Number

Required

GST Number

Optional

Account Number

IFSC Code

Bank Name

Date

DGM / Venk

X

Signature