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| **IDENTITY CARD** |
| |  | | --- | |  |   NAME:  DENTITY NUMBER:  COURSE:  REGISTRATION DATE:  BATCH TIMING:  CONSULTANT:  **AUTHORIZED SIGNATORY SIGNATURE**  ***CELAB***  development/training/consultant **WWW.COMPUTRONICSLAB.COM** |

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| **AN ISO:9001:2008 COMPANY** |
| **INSTRUCTION**  **1. This card is property of CELAB**  **2. This card must be display by the holder upon asking.**  **3. This identity card relate to individual identity only.**  **4.Rreplacement of card will be made on payment of Rs. 20/-**  Computronics Lab,  Office No. 50/51, R.K.Plaza, Beta-1,  Greater Noida, UP.  Contact - 0120-2321094/ 07503021151  [www.computronicslab.com](http://www.computronicslab.com/) |