CLIENT REGISTRATION FORM FOR DCM	
Registration Number	
Product Name* :	GPA
Product Type :	NON_OTC
Policy Number :	
Type of Business* :	Fresh
Customer Id* :	
Policy Start Date* :	
Policy End Date* :	
Client Name* :	
Client Touch Point Name* :	Mahatma Gandhi Prashasakiy Seva Mahavidyalay
Client Email id 1* :	Mgcollegedudha@gmail.com Dudha
Client Email id 2 :	
Client Email id 3 :	
Client Email id 4 :	
Client Email id 5 :	
RM Emp Id* :	
RM Name :	
CST RM Emp Id* :	
CST RM Name :	
IL Location* :	
Zone* :	West
Payment Mode* :	Cheque
CD Account Number :	
Primary Vertical* :	COB
Primary Sub Vertical* :	COB
Endorsement No :	
Business Type* :	Intermediary
Broker/Agent PF Code* :	
Broker/Agent Name* :	
Document Type (Deviation if any):	Quote

प्राचार्य
महात्मा गांधी प्रशासकीय सेवा महाविद्यालय,
दुधा ता.जि.बुलडाणा