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| **SDA Registration Form** |
| Contact person Name |   |
| Designation |   |
| Contact No |   |
| Land Line No |   |   |
| Email Id |   |
| Organisation Name |   |
| SDA ID |   |
| State |  |
| Location |  |
| **Instruction for Registration** |
|
| 1. Please Fill the Registration form and send it to infocscspv@cscegovindia.com. |
| 2. Once the account is created, your user id and password will be emailed to you on the email you have provided. |
| 3. For any additional questions or concerns please write to infocscspv@cscegovindia.com. |