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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** | | | | | | | | | |
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| 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. | | | | | | | | | |