Registration form for professional development workshops

Institution Sponsored? O Yes O No

Workshop Title(s) -

Workshop Date -

Participant Name(s) and e-mail ID -

Désignation -

Telephone (o) (mobile)

Institution Name & Address -

Institutional Contact (name and designation) -

Telephone (o) (mobile)

Fee amount - **Cheque/DD no. -**

For queries, please contact Manish Gupta, Manager Marketing (Projects) on 9830074073
Please photocopy if you need more copies of the registration form

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