



REGISTRATION FORM

National Level Faculty Development Programme

‘Work-Life Balance’

18th September 2010, Saturday

1. Name of the Delegate (In capital letters) _____

2. Designation _____

3. Qualification _____

4. Institution / Organisation (Name & Address) _____

5. Telephone Off : _____ Res : _____

Mob : _____ Email : _____

6. Details of payment (we accept registration as Cash/DD)

I am enclosing the registration fee of Rs. in words.....

.....by DD drawn in favour of

Center for Management Studies, payable at Bangalore, bearing no. drawn on

..... bank.

Last date for Registration : **13th September 2010, Monday**

Signature

Note : 1. Completed forms should reach with DD at the College address.

2. Participants have to arrange accommodation & travel on their own.

Jain University - Center for Management Studies

1/1-1, Atria Towers, Palace Road, Bangalore - 560 001. Karnataka. INDIA

Tel : +91 80 43430200 Fax : +91 80 22353215

Website : www.cms.ac.in | Email : fdp@cms.ac.in

This form can be photocopied if required.