

REGISTRATION FORM

Faculty Development Program 25th January 2020

Delegate / Student details	
Name of the delegate / student —	
Designation —	
Qualification —	
Institution / Organisation ————————————————————————————————————	
Address for communication	
Phone No	Email
Payment details	
The payment of registration fee must be mad "Center for Management Studies" payable at "B	e Cash / NEFT / Demand Draft drawn in favour of engaluru."
Demand Draft No.	Date ———
Signature	Date ————
Note: Please fill up the registration form in CAPITAL letters. The softcopy of the same (either filled in Microsoft Word format or scanned copy) may be sent to conference@cms.ac.in	