REGISTRATION FORM

(Please use CAPITAL LETTERS only)

FACULTY DEVELOPMENT PROGRAMME

on

Outcome Based Education : Teaching, Learning & Evaluation

July 2 – 8 , 2019

NAME: .....

GENDER: Male ☐ Female ☐ (please tick)

CATEGORY: Academia ☐ Research Scholar ☐ Corporate ☐

DESIGNATION:.....

INSTITUTION:.....

.....

ACADEMIC QUALIFICATIONS:.....

OFFICIAL MAILING ADDRESS:.....

.....

MOBILE NUMBER(S): .....

EMAIL: .....

Payment Details

Transaction ID.....**Date** .....

DD No. .....**Bank & Branch**..... **Date**.....

Registration Fee

Rs. 5000/- (Corporate) **Rs. 3500/- (Academia)** **Rs. 2000/-(Research Scholar)**

(NON-RESIDENTIAL; Registration fee includes FDP Kit and Lunch on all days)

Limited accommodation arrangements can be made on request against additional payment

10% Discount for 3 or more participants registering from one organization

NAME OF THE ACCOUNT : CONVENOR, SCHOOL OF MANAGEMENT SCIENCES
BANK BRANCH : CHETGANJ BRANCH, HATHUA MARKET, VARANASI

BANK NAME : UNION BANK OF INDIA: A/C NO. 408002010007420
IFSC CODE : UBIN 0540803 , SWIFT CODE : UBININBBVRN

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SIGNATURE OF THE PARTICIPANT

Please Fax/Email/Post this form to:

FDP DESK, SCHOOL OF MANAGEMENT SCIENCES, KHUSHIPUR, BACHHAON PO;
NH-2 BYPASS, VARANASI-221011 UP

Correspondence E-mails: amitabhpandey@smsvaranasi.com, pallavipathak@smsvaranasi.com

(Please make photocopies of this form for additional Registrations)