

REGISTRATION FORM

SHORT TERM COURSE ON Managing People in Changing Work Environment 14th -18th November 2008

1. Name:
2. Designation:
3. Mailing Address:
4. Organization:

Telephone No.

Fax:

E-mail

5. Registration Fee Amount:
DD No.
Bank:

Date:

Date:

(Signature of the Participant)

Sponsoring Authority

Signature:

Name:

Designation:

Organization:

Date:

(Seal)