

FACULTY DEVELOPMENT PROGRAMME 2016
ORGANISED BY
JABALPUR MANAGEMENT ASSOCIATION

REGISTRATION FORM

Participant's Name _____

Gender: Male / Female

Designation: _____

Organization / Institute Address:

Phone No.: _____

Email Address: _____

Functional Area: _____

Registration Fee Details

DD No. : _____

Date: _____ Amount: _____

Name of the Bank: _____

Signature: _____

Place: _____