



4th NATIONAL CONFERENCE

“Paradigm Shift in Business Practices”

Registration Form

Saturday, January 20, 2018

1. Name:

2. Designation:

3. Organization:

4. Address:

5. Phone (Off.):

6. Mobile: Fax:

7. Email:

8. Reg. Category (✓ tick one)

Academician	<input type="checkbox"/>	Research Scholar	<input type="checkbox"/>
Industrial Delegates	<input type="checkbox"/>	Student	<input type="checkbox"/>

9. Accommodation Required: Yes No

10. Arrival Date: Time:

Departure Date: Time:

11. Are you presenting Paper: Yes No

12. If yes, Title of Paper:

13. Co-Author(s), if Any:

14. Payment Details:

Demand Draft / Par Cheque No.: Date:

Banker's Name:Amount:
(DD / Par Cheque Drawn in favour of SRMSIBS, payable at Lucknow)

Signature