

## **REGISTRATION FORM**

Name \_\_\_\_\_

Your Participation as: Academician/Research Scholar/Industry (Executives)/Student

Designation \_\_\_\_\_

Department \_\_\_\_\_

Area of Specialization \_\_\_\_\_

Institute \_\_\_\_\_

\_\_\_\_\_

Address for Communication \_\_\_\_\_

\_\_\_\_\_

Phone No./Mob. \_\_\_\_\_

E-mail \_\_\_\_\_

Sponsoring Authority \_\_\_\_\_

### **Delegate Fee Particulars**

D.D. No. \_\_\_\_\_ Drawn On \_\_\_\_\_

Dated \_\_\_\_\_ for \_\_\_\_\_

Rs. \_\_\_\_\_

In favour of **Pioneer Institute of Professional Studies**, payable at Indore.

**Signature**