



REGISTRATION FORM

1. Name of Participant & Designation (Dr/Mr/Mrs/Ms): _____

2. Name of Participant & Designation (Dr/Mr/Mrs/Ms): _____

3. Name of Participant & Designation (Dr/Mr/Mrs/Ms): _____

4. Name of Participant & Designation (Dr/Mr/Mrs/Ms): _____

5. Name of Participant & Designation (Dr/Mr/Mrs/Ms): _____

Company/Institute/University: _____

Address: _____

City: _____ State: _____ Pin Code: _____

Telephone: _____ (with STD code) Fax: _____ (with STD code)

E-mail: _____ Cell: _____

Qualifications of Participants:

1. _____

2. _____

3. _____

4. _____

5. _____

1. Experience (years): _____ Age: _____

2. Experience (years): _____ Age: _____

3. Experience (years): _____ Age: _____

4. Experience (years): _____ Age: _____

5. Experience (years): _____ Age: _____

Payment Details

Registration Fee Demand Draft No.: _____

Date: _____ Amount: _____

Drawn at (bank name with code): _____

Delhi School of Professional Studies and Research (DPSR)

(Approved by AICTE, Ministry of HRD, Govt. of India)

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