



REGISTRATION FORM

FIVE DAYS FACULTY DEVELOPMENT PROGRAMME

ON

“Research Methodology and Data Analysis Using SPSS & EVIEWS”

15th – 19th November, 2018

Name: Designation:

Organization:

Address:

Mobile No.....

Email:

Payment Details:

DD No / NEFT DETAILS _____

DD / NEFT Date _____

Branch Name _____ Issuing Bank _____

Date:

Signature

Registration Details:

Registration Fees:

Beneficiary Name: **Kamal Institute of Higher Education & Advance Technology**

Account Number: **66320511829**

Banker's IFSC Code: **ICIC0006632**

Please E-mail: fdp2018kamalinstitute@gmail.com or on WhatsApp No. 9873218818 / 9582524477

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