

## REGISTRATION FORM

# B-SCHOOL FACULTY COMPETENCY DEVELOPMENT PROGRAMME

Nominations for the program:

Name & Designation	Tel. Nos.	E-mail

### Payment Details

Amount (in Rs.) : \_\_\_\_\_  
Cheque/DD No. & Date : \_\_\_\_\_  
Name of Bank : \_\_\_\_\_

### Sponsoring Organisation

Organisation : \_\_\_\_\_  
Address : \_\_\_\_\_  
Tel. No. : \_\_\_\_\_ Email ID : \_\_\_\_\_  
Contact Person : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Signature : \_\_\_\_\_

**Payment through Cheque / DD in favour of "Jain University, payable at Bangalore". Nominations along with the registration fee should reach us not later than 28th June 2012.**

For further information please contact:

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