

REGISTRATION FORM
MANAGEMENT DEVELOPMENT PROGRAM on
“ENHANCE YOUR RESEARCH ACUMEN”
June 12-13, 2018
GLOBSYN BUSINESS SCHOOL, AMTALA

Name:

Designation:

Office Address:

Phone/Mobile:

Email:

Date of Birth:

Highest academic qualification:

Requirement of accommodation: YES/NO

PAYMENT DETAILS:

Draft No.....dt..... amounting
Rs. drawn in favour of GLOBSYN KNOWLEDGE
FOUNDATION, payable at Kolkata.

OR

NEFT Transaction No:dt.....
for Rs.....
through.....Bank

Recommendation and forwarding from the organization where working
(Optional)

Date:

Place:

Signature of the Applicant