

WORKSHOP
on

“Quality Enhancement - Leading to NAAC/NBA Accreditation”

13 September, 2014

REGISTRATION FORM

1. Name of the Participant : _____
2. Designation : _____
3. Name of the College : _____
4. Mailing Address : _____

5. Phone No. (Mob) : _____
(Off) : _____
(Fax No) : _____
6. E-mail : _____
7. Payment details : _____
- DD No. : _____ Date : _____
- Name of the Bank : _____
- Branch : _____
- Amount : _____

Signature of the participant

Filled in registration form along with Demand Draft may please be sent to the address below by **6th September, 2014**

Mrs. N. Suguna

201, Kamal's Prestige,
Maharshi Vidya Mandhir Road, Shilpa Park,
Kondapur, Hyderabad - 500 084

Signature of the Head of the Institution
(Name, Designation & Seal of the Institution)