

REGISTRATION FORM
MDP ON “CUSTOMER RELATIONSHIP MANAGEMENT IN BANKS”

November 22nd and 23rd, 2012
IBS, Hyderabad, IFHE (Deemed University)

Name _____
(As you want it to appear on your certificate of participation)

Institute / University / Organization _____

Designation _____

Area of Specialization _____

Contact Address:

Official _____

City _____ State _____ Pin Code _____

Email _____

Phone _____

Type of Registration:

Single Participant Rs.8000/-

Two participants from the same organisation Rs 15,000/-

For three participants from the same organisation Rs 20,000/-

Mode of Payment: DD

DD No. _____ Dated _____ Bank _____

Branch _____ Amount (in Words) _____

_____ Amount (in Figures) _____

Mode of Payment: NEFT

UTR No _____ Dated _____ Bank _____

Name of A/c Holder _____ Amount (in Words) _____

Amount (in Figures) _____

Signature _____

*Use multiple copies of this form for each participant in case of Group registration