

WORKSHOP ON  
BANKING SERVICE AND OPERATIONS  
**REGISTRATION FORM**

Enroll No.

**1. Details of the Participant in capital letters**

Participant Name : \_\_\_\_\_

Institution : \_\_\_\_\_

Address : \_\_\_\_\_

: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Email \_\_\_\_\_

**2. Category of the participant (Please Tick):**

Graduate Student      Post Graduate Student

Research Scholar (M.Phil./ Ph.D.)      Academician      Industry Practitioner

Signature of the participant: \_\_\_\_\_

**Details of Registration Fee paid: DD / INTERNET BANKING (Please Tick)**

Amount: ..... Date: ..... Bank Name: .....

Bank Branch: .....

IF DD, MENTION DD No.: .....

IF INTERNET BANKING, MENTION TXN (TRANSACTION) No.: .....

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Authorizing Officer of the participant  
with official seal