Registration Form

(Available on www.bmcper.com)

Name: _____

Qualifications: _____

Designation: _____

Organization: _____

_____

_____

College Address: _____

_____

_____

Phone: _____

Mobile No.:_____

Email ID: _____

Registration as (Tick):

- **Academicians: 300/-**
- **PG students And Research Scholars: 200/-**
- **Industry Personal: 500/-**

Amount: _____ **DD No:** _____

Drawn of Bank: _____

Date: _____ **Place:** _____

Date: **Signature**

Forwarded through Head of the Institute:

(Signature with Seal)