

**SHIKSHAN MAHARSHI DR. D. Y. PATIL SHIKSHAN SANSTHA'S
DR.D.Y.PATIL CENTER FOR MANAGEMENT AND RESEARCH
NEVALE VASTI, CHIKHALI, PUNE, 412114**

IS ORGANIZING

TWO DAYS NATIONAL LEVEL SEMINAR ON

**“Financial Management of Enterprises in emerging Market Economics
In India”**

15th (FRIDAY) & 16th (SATURDAY) FEBRUARY, 2019

IN ASSOCIATION WITH SAVITRIBAI PHULE PUNE UNIVERSITY UNDER QUALITY IMPROVEMENT PROGRAM

Registration Form

Name : _____

Prefix (Select One) : Dr. Prof. Mr. Ms.

Designation : _____

Delegate Category : Industry Academician Research Scholar

Student Foreign Delegate

Name of the Organization : _____

Address : _____

Tel No. /Mobile No. : _____ Whatsapp No: _____

Email : _____

Title of Paper : _____

Payment Details (Tick whichever is applicable): Demand Draft (DD)/Online Payment

Delegate Fee (Tick Box) :UG/PG Student Research Scholar

Academician/
Industry

Foreign

Please mention your Name at the back of DD/ Cheque for reference.

1. I/We am/are enclosing Registration fee of Rs. _____ in

words _____

_____ by Demand Draft dated _____

Drawn in favour of "**Dr.D.Y.Patil Center For Management And Research,**

Chikhali, Pune, 412114", payable at Pune; Bearing no. _____ drawn on

_____ bank.

2. Online Payment: Bank Name: Bank of India, Pimpri

Branch Code: BKID0000507

Account Number:050721110000020

For Online Registration Please Mention: Transaction ID No.

Signature: _____

- Note: Please Complete this Form and Mail it along with the Scanned Copy of DD/Cheque/Online Payment Receipt to