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REGISTRATION FORM

10th Two Day – National Level Workshop “ APPLICATION OF SPSS & AMOS FOR DATA ANALYSIS ”
(A Complete hand on work)

| PARTICULAR | DETAILED INFORMATION |
|--|--|
| Name (Capital Letter) | |
| Qualification | |
| Designation & Dept. | |
| Name of the Institution/ College /University | |
| Address | |
| Contact No. (Mobile) | |
| Email | |
| Payment details | Rs. _____ by / cheque / DD No. _____ dated _____ drawn on _____ |

NB: (Photocopies of the form may be used. Each participant should submit separate Registration form)

Place:

Date:

Signature of the Participant

GROUP REGISTRATION

Name of Institution/ College/ University:

| S No. | Name (Capital Letter) | Designation/ Research Scholar | Mobile Number | Email id |
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