



PRIMAX FOUNDATION

Bengaluru, Karnataka

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REGISTRATION FORM

**9th One Day National Level Workshop on “ Data Analysis Using Eviews ”
- (A Complete hand on work) 12th April 2018**

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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Payment details	Rs. _____ / cheque / DD No. _____ dated _____ drawn on _____
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Name of Sponsoring Authority.....

Designation.....

Place:

Date:

Signature & Seal