

REGISTRATION FORM

7th NATIONAL CONFERENCE ON “TRANSFORMING OPERATIONAL BUSINESS TO STRATEGIC BUSINESS”

28, February 2019

Name (in capital letters) _____

Gender Male Female

Designation _____ Qualification _____

Title _____

Correspondence Address _____

Mob No _____ Email (_____)

Payment Details: DD in favour of S. Sasikumar Payable at Tirupattur,
Vellore, District. Dated _____

Name of the Bank and Branch _____

NEFT: Name: S.Sasikumar A/c No. 0745-07097237-190001

IFSC Code: CSBK0000745

Paper Presentation: Yes No

Please send this form duly filled to

Conference Convenor

Dr. S. SASI KUMAR

Dept. of Management Studies,
Sacred Heart College,
Tirupattur, Vellore District, Tamil Nadu - 635601
Mobile: +91-9003588110, 9944321909.
Email: shcmbatpt@gmail.com

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