

ONE WEEK

FACULTY DEVELOPMENT PROGRAMME (FDP)

On

**“Capacity Building to Enhance the Research
Output”**

(21st -25th July, 2014)



**Bharati Vidyapeeth's
Institute of Computer Applications and Management (BVICAM)**

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REGISTRATION FORM

(Can be Xeroxed for additional copies, if required)

Name of the participant: _____

Designation: _____ Experience _____ Years

Tel. No.: _____ Mobile No. : _____ E-Mail: _____

Name and Address of the Institute / College: _____

Tel. No.: _____ Fax No.: _____ E-Mail: _____

Payment Details: **Rs. 3000/- (Rs. Three Thousand Only)**, DD No.: _____

Date _____ in favor of **Director, BVICAM** payable at **New Delhi**. Payment can also be done through Online Payment / RTGS / NEFT in our **SBI Account No.: 32077798105 Account Name: BVICAM Branch Name: Jawala Heri (Delhi), Branch Code: 06623, IFSC: SBIN0006623**. While making online payment, kindly mention your name in Payment Remark to enable us to trace your payment in the Bank Statement. Kindly also note to add **Rs. 25/-** or the applicable bank charges for online payment.

Signature of the Participant

Signature of the Principal / Director with seal