

**CHITKARA BUSINESS SCHOOL**

**FACULTY DEVELOPMENT PROGRAM**

***TECHNOLOGIES IN TEACHING AND RESEARCH***

**29-30 MAY 2018**

**REGISTRATION FORM**

(Duly filled and signed Registration forms should be sent to the Convener’s either personally or through email at ***fdp\_cbs2018@chitkara.edu.in*** on or before **30th April, 2018)**:

1. Name of the Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Designation &Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Address of the Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contact Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Academic Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Highest) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Teaching experience (in yrs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Completed Phd ? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_Topic of Phd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Bank Draft No. : \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ Bank:

(Rs 1000.00 for external and **Rs 500.00** for internal faculty members, to cater to the delegate kits, lunch and refreshments for both days)

**DECLARATION BY THE PARTICIPANT:** The information furnished above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations governing the program. If selected, I shall attend the program for the entire duration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Participant (with date)