

DEPARTMENT OF BUSINESS ADMINISTRATION

**International Conference on Indigenous Management Practices
(ICIMP – 2009)**

July 16th – 18th 2009

Registration Form - II

(Delegates from outside India are required to fill the following particulars as per requirement of Ministry of Human Resource Development (HRD))

PART-A

NAME: Prof/Dr/Mr/Mrs/Ms

TITLE SURNAME FIRST NAME MIDDLE NAME

Nationality :

City :

Date & Place of Birth :

Parentage :

Organization :

Occupation :

Contact Details:

(i) Present Address:

(ii) Permanent Address:

Work Phone :

Home Phone :

Fax :

Mobile :

E-mail :

Homepage: http:// :

Accompanying Person(s) Details:

Name :

Nationality :

Date of Birth :

Organization :

Source of Funding :

Other Details :

Passport Details (for foreign delegates):

| | | | | | | | |
|-----------------|---|--|---------------|---|----|----|----|
| Passport Number | : | | Date of Birth | : | | | |
| Place of Issue | : | | Date of Issue | : | | | |
| Nationality | : | | Valid till | : | | | |
| Gender | : | | | | DD | MM | YY |

Whether previously visited India (if so), Dates & place of previous stay :

Purpose & Expected duration of stay now :

Places in India likely to be visited or a copy of itinerary:

Name of the Indian Mission abroad at which the foreigner applied for visa authorization:

Source of funding and terms/conditions of funding/appointment:

Date:

Signature of the participant

PART-B

Attach Curriculum Vitae along with e-mail/post.