



Advanced Training on Research Methodology

Registration Form

Name (in Block letters) :

Mother's Name :

Father's Name :

Mailing Address :

Email Address (in Block Letters) :

Contact No. :

Highest Academic Degree Awarded :
(with subject and institution)

Participant's Type (*) : Student Professional

Designation (for professionals) :

Employer's name with address :

Current status (for students) : Masters MPhil. PhD

Department :

Institution :

Reasons for joining the programme :

Mode of payment : Cash bKash (01531183417 Personal) Others

Amount Paid : _____

Signature of the participants