

**REGISTRATION FORM**  
**ICSSR SPONSORED TWO WEEKS NATIONAL LEVEL TRAINING PROGRAM**  
**ON**  
**CAPACITY BUILDING FOR ACADEMIC LEADERS**  
**DEPT OF EDUCATION MANGEMENT, SNDT WOMEN'S UNIVERSITY, MUMBAI-49**

DATE: 8<sup>TH</sup> MAY-19<sup>TH</sup> MAY 2020

Name

**First:**

**Last:**

Middle initial:

Affiliation

**Institution:**

Department:

Faculty (Title) : Asst. Professor / Asso. Professor (please tick)

Address

Address :

City:

State:

Postal:

Phone:

**E-mail Address:**

Accommodation Required: Yes / No (please tick)

Date of Arrival: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

**Kindly email your completed registration form to ([tcb.icssr2020@gmail.com](mailto:tcb.icssr2020@gmail.com))**

**The acknowledgement will be mailed to the email id from where the registration form was mailed. Please carry the printed acknowledgement to the conference to collect your registration receipt.**