



CENTRE FOR INDUSTRY INSTITUTE PARTNERSHIP  
GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY,  
HISAR-125001, HARYANA, INDIA

3-DAYS SKILL DEVELOPMENT PROGRAMME  
ON  
**Accounting and Book Keeping**

(December 16-18, 2019)

**REGISTRATION FORM**

**Personal Information: (write in capital letters)**

- 1) Name of the Participant: Mr./Ms./Mrs./Dr. \_\_\_\_\_
- 2) Gender: \_\_\_\_\_
- 3) Date of Birth: \_\_\_\_\_
- 4) Academic Qualification & Designation: \_\_\_\_\_
- 5) Institution/Organization: \_\_\_\_\_
- 6) Address for Communication: \_\_\_\_\_  
\_\_\_\_\_
- 7) E-Mail ID: \_\_\_\_\_
- 8) Mobile Number(s): \_\_\_\_\_

Payment by (i) Demand Draft in favor of Registrar, Guru Jambheshwar University of Science & Technology, Hisar payable at Hisar **OR** (ii) NEFT/RTGS in Account of Registrar, Bank Name- PNB, Branch Name- PNB, GJU Hisar, Bank Account No. 4674001100000182, IFSC Code PUNB0467400.

Demand Draft/Online Transaction Details:

- 9) Demand Draft No/Transaction ID \_\_\_\_\_ Bank Name \_\_\_\_\_
- 10) Amount (In Rs. & words): \_\_\_\_\_
- 11) Date: \_\_\_\_\_ Place: \_\_\_\_\_

Accommodation Information:

- 12) Accommodation Required (Yes/No): \_\_\_\_\_
  - I will pay the charges (as applicable) for food and accommodation during the course days.  
(Note: Accommodation is limited and will be provided on 'first come first serve' basis).

Signature & Seal of Employer

Signature of the Participant

For any further clarification or detailed information please contact the program coordinator.

**Prof. Hem Chander Garg**  
Director, CIIP  
Guru Jambheshwar University of Science & Technology,  
Hisar (INDIA)-125001.  
E-mail: hcgarg@gmail.com,  
Mobile: +91 9991359271  
Tel (Office): +91 (1662) 263555, Fax (Office): +91(1662) 276240