



**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**

(February 10-12, 2020)

**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 Demand Draft in favor of Registrar, Guru Jambheshwar University of Science & Technology, Hisar payable at Hisar.**

Demand Draft Details:

- 9) Demand Draft No. \_\_\_\_\_ 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

Duly filled Registration form along with original DD should be sent to following Address:

**Prof. Hem Chander Garg**  
**Director, CIIP**  
**Guru Jambheshwar University of Science & Technology**  
**Room No. 329, Teaching Block-7 (Second Floor)**  
**Hisar (INDIA)-125001.**  
**E-mail: hcgarg@gmail.com**  
**Mobile: +91 9991359271**  
**Tel (Office): +91 (1662) 263555, 9991885772 (O)**  
**Fax (Office): +91(1662) 276240**