 

**Registration Form**

Thank you for your interest in SCMHRD. Please complete the registration form below.

|  |  |
| --- | --- |
| Full Name of the participant |  |
| Organization Name |  |
| Designation |  |
| Contact No  |  |
| E-mail Id |  |
| Years of experience |  |
| Key Expectations from the workshop |  |

**For Cheque/DD Payment**

You need to send the Registration payment through Cheque/DD in favor of:

**“Director, Symbiosis Center for Management and HRD” payable at Pune.**

**Cheque/DD can be couriered to**: Team MDP, SCMHRD, Symbiosis Infotech Campus, Plot No. 15, Rajiv Gandhi Infotech Park, MIDC Phase-1, Hinjawadi, Pune-411057, Maharashtra.

**For Online Transfer**

* **Bank Name**: Bank of India
* **Branch:** KARVE ROAD, PUNE
* **Account number** : 05031021000032
* **IFCS Code** - BKID0000503
* E-mail the **‘Transaction Confirmation No.’** to mdp@scmhrd.edu with your name, contact number and title of the programme/ workshop.