



EduExcellence

Registration Form

Workshop on “Effective Teaching through Case Study Methodology”

29 Sep -01 Oct 2011

Name (In Block Letters): _____

(This name will be printed on the certificate)

Age : _____ Years

Designation : _____

Organization : _____

Address : _____

City : _____ Country : _____

Fax : _____

Phone : (O) _____ (R) _____

Mobile : _____

Email : _____

Cheque/DD No : _____

Bank Name : _____

Signed by sponsor

Name of the sponsoring authority (If you are not self sponsored)

Phone No. of sponsoring authority : (O) _____ (R) _____

(Mobile) _____