**DELEGATE REGISTRATION FORM**

**Paste Your Recent Colour Photograph**

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|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  | **Gender** |  |
| **Current Designation** |  |
| **Address** |  |
| **E-Mail** |  |
| **Mobile** |  | **Telephone (STD)** |  |
| **Educational Qualifications** |  |
| **Working Experience** |  |
| **Area of Interest** |  |
| **Category****(Please choose the category)** | **Lecturer/Reader/Professor/Principal** **Teacher****Edupreneur****Pharmacist****Leaders****Managers****HR****Nurse****Physiotherapist****NGO****Scientist****Lawyer****Charted Accountant****Cost Accountant****Company Secretary****Politician****Actor/Actress** | **Engineer****Doctor****Social Worker****Entrepreneur****Businessman****Marketing****Finance****Agriculturalist****Operation Professionals****Media Personality****Corporate Leaders****Industrialist****IT Professional****Research Scholar****Government Employee****Others**  |

**Date: Signature**