



CENTRAL UNIVERSITY OF KARNATAKA

Department of Business Studies  
School of Business Studies  
**Central University of Karnataka,**  
Aland Road, Kadaganchi Kalaburagi-585367

**Registration Form**

**One Week Workshop on  
Research Methodology and Academic Writing  
1<sup>st</sup> to 6<sup>th</sup> November 2018**

Name of the Participant	
Gender	
Designation	
Affiliation	
Address for Communication	
Contact Number	
Mail Id	
Accommodation Required	Yes/ No
Payment Details	Amount: (Rs.)_____ Mode of Payment: _____ Payment Date: _____DD/Transaction No. : _____ Name of the Bank _____ City_____

I .....hereby declare that I have read the instructions regarding commitment of participants given in the workshop brochure and follow the same during the workshop.

Date:

Place:

Signature of Participant

