**One Week Training Program on Statistical Techniques for Business Analytics (STBA-2017)**

22-26, December, 2017

Registration Form

1. \*Name: …………………………………………………………………………………………….

2. \*Affiliation: ………………………………………………………………………………………..

3. \*Educational Qualification: ………………………………………………………………………..

4. \*Address for correspondence: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ……………..

5. Telephone: Office ……………………………….

\*Mobile………………………………

6. \*E-mail: ……………………………………………

7. \*Purpose: Teaching, Research, Industry Application, Others

(Specify if others)…………………………………………………………

8. Accommodation Required (Y/N):………………………………………

9. \*Bank Draft Or Fund Transfer Details:

Draft Number: …………………………………or UTR Number…………………………………

Date of issue: …………………………………

Amount Rs. …………………………………….... Bank Name: ………………………………….

Branch Name: ……………………………………………………………………………………... Date: ……….. /……….. / 2017

Place: ………………………………

Signature of Participant

Note: Please sent the Filled Scan copy to following mailing address

tpstba@gmail.com