**Registration Form**

Organised by SDMIMD, Mysore

in collaboration with EFMD &

Third Sector Research Resource Centre, University of Mysore  
**Venue: SDMIMD Campus, Mysuru**

**Name of the Participant: ……………………………………………...........................**

**Designation: …………………………………………………………………………………..**

**Institutional Affiliation: ……………………………………………………………………**

**Address: ………………………………………………………………………………………..  
…………………………………………………………………..………………………………...…………………………………..……………………………………………………………….**

**Email Id: ……………………………………………………………………………………….**

**Mobile: …………………………………………………………………………………………**

**Signature**

Note:

1. Registration is free.
2. Email filled in registration form in advance (before Feb 20) to <csrsymposium@sdmimd.ac.in> or [mahindira@yahoo.com](mailto:mahindira@yahoo.com)
3. Certificate will be issued only against full day participation.
4. Tea, High Tea, and Lunch will be arranged by the organisers.