**REGISTRATION FORM**

**6th International Conference on Managing Human Resources at the Workplace**

**8 & 9 December, 2017**

**Title of the Paper:**

**Paper No.**

|  |  |  |
| --- | --- | --- |
| **Name of the Registered Author** | **Email id** | **Mobile No.** |
|  |  |  |
|  |  |  |
|  |  |  |

**Address of the Corresponding Author:**

**Registration Payment Details**

Paid through bank account transfer to:

1. **AXIS Bank Ltd., Mysore, SB A/C 912010058973773 IFSC Code: UTIB0000151**
2. Beneficiary Name : The Director, SDM Institute for Management Development, Mysuru.

***Transaction Details :***

*Name of the Transferee : …………………………………………….…Date of Remittance….………………….………….*

*UTR No…………………………………………………………Amount Transferred …………………………………….*

1. Bank Demand Draft in favor of Director, SDM Institute for Development, payable at Mysore

**Tick ( √ ) your option as applicable:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Participant** | **Conference****(Dec 8-9)** | **Workshop****December 7** | **Conference +Workshop** |
| Executive / Consultants / Managers | INR 3750 | INR 2000 | INR 4750 |
| Teaching Faculty | INR 3250 | INR 2000 | INR 4250 |
| Ph.D. Scholar  | INR 1700 | INR 2000 | INR 2700 |
| Student | INR 950 | INR 800 | INR 1750 |

* *Early Bird Discount of 20% will be available for participants who register on or before* 3 November, 2017 on Conference registration fee only.

Note :

* **Certificate will be issued only in the name of the registered author**
* **After filling all the details, please email this form to** **hrcon2017@sdmimd.ac.in**

Signature