



# S.D. COLLEGE OF MANAGEMENT STUDIES

BHOPA ROAD, MUZAFFARNAGAR

Internal Quality Assurance Cell (IQAC)  
*organizing*  
**NAAC Awareness Workshop**  
*on*  
***Preparation for Assessment and Accreditation***  
***7th-8th Dec, 2019***

## REGISTRATION FORM

I will be participating in the workshop as a delegate.

**Name:** .....

**Designation:** .....

**Address:** .....

.....

**Phone (Off.):** .....**(Mob.):** .....

**E-mail:** .....

**(Date):** .....**Place:** .....

**DD No.- Transaction No./ Receipt No. -** .....

**Bank and Branch Name** .....

**Principal / Director**  
**Signature**

**Participant**  
**Signature**