

Registration Form

Name

Designation.....

Department

Organization

Paper Title

.....

.....

Mob. No

Email

Accommodation Required : (Yes / No)

Correspondence Address :

.....

Date and time of Arrival

.....

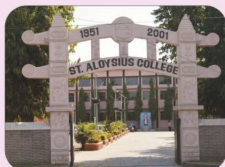
Payment Details

Issuing Bank:

Amount & Date:

NEFT/RTGS/ Wired Transfer No.

Scanned copy of cash deposit receipt attached (Yes/ No)



Signature

Signature

Principal

Sanctioning Authority

Participant

Note : Last date of receiving the Registration form is 10th December, 2018

For further details contact

Mrs. Siby Samuel

St. Aloysius College(Autonomous), 1 Ahilya Bai Marg,
Sadar Cantt, Jabalpur- 482001, M.P. India
www.staloyuscollege.ac.in/rnaafhei-2018,
Mob. No. 9425829018

Send your duly filled Registration form to

Email Id: rnaafhei2018@staloyuscollege.ac.in and rnaafhei2018@gmail.com .

WORKSHOP ON

Revised Assessment and Accreditation Framework for Higher Education Institutions in India

15th - 16th December, 2018



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INTERNAL QUALITY ASSURANCE CELL



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