



**REGISTRATION FORM**  
**5-day Faculty Development Program (FDP)**

**May 29 to June 2, 2017**

1. Participant(s) Full Name and affiliation (in capital letters)

Participant I .....

Email Id .....

Participant II .....

Email Id .....

Participant III.....

Email Id .....

Affiliation.....

2. Mailing Address for Correspondence

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.....  
.....

Phone No..... Fax No.....

3. Payment Method(s)

a) ***Demand Draft***

Amount.....DD No.....Dated.....Drawn  
in favour of ***“The Director SDM Institute for Management Development” payable  
At Mysore”***

b) ***Electronic Fund Transfer (EFT) at the following account numbers:***

HDFC Bank Saraswathipuram Branch, Mysore, SB A/C 00651450000156  
IFSC Code: HDFC0000065

**Contact:** Prof. Malathi Sriram, Shri Dharmasthala Manjunatheshwara Institute for  
Management Development Tel: 91-821-2429722 Extn: 1103 Email: [malathi@sdmimd.ac.in](mailto:malathi@sdmimd.ac.in)