

**MM INSTITUTE OF MANAGEMENT
MAHARISHI MARKANDESHWAR (DEEMED TO BE UNIVERSITY)
Mullana, Ambala, Haryana**

REGISTRATION FORM

PHOTO

Name (IN BLOCK LETTERS): _____

Gender: _____ Category (SC/ST/OBC/EWS/UR/Others): _____

Year of Registration / Admission to M.Phil.- Ph.D./Ph.D./PDF Programme: _____

Registration no. (As per university's record): _____

Name & Address of the University / Institute where registered: _____

District & State: _____

Name of the Department: _____

Title of your M.Phil.-Ph.D./Ph.D./PDF research work (if finalized): _____

I am bringing my laptop: (Yes/No) _____

Have you attended ICSSR sponsored similar workshop before: _____

Whether you require accommodation (Yes/No)? _____

(Applicable to the outstation candidates only)

Email ID: Contact No. _____

All the information provided above is true to the best of my knowledge and if found incorrect/ misleading then appropriate action can be taken accordingly.

Applicant's Signature

**Supervisor
(Signature with Seal)**

**Forwarded by Head of Dept./ Institution
(Signature with Seal)**

(Note: Please fill in all the details and upload a scanned copy of this form in the Google Link: <https://forms.gle/WU4LVtYcxbmtksit9> The hard copies should be submitted at the time of reporting for the workshop. For any query, please contact directormmim@mmumullana.org

*Merely registering for the course doesn't guarantee your participation. List of selected candidates will be communicated by Dec. 06, 2023.)