



“GYANODAY”
Research Methodology Workshop

FULL NAME: _____

NAME OF THE INSTITUTION: _____

PRESENT OCCUPATION / EMPLOYMENT: _____

SPONSORSHIP SELF/ ORGANIZATION: _____

PURPOSE OF ATTENDING WORKSHOP:

PERSONAL RESEARCH **FOR DEVELOPMENT OF ORGANIZATION**

BOTH

CONTACT NO. LANDLINE: _____ **MOBILE NO.:** _____

EMAIL ID: _____

ADDRESS FOR CORRESPONDENCE: _____

NOTE:

Duly filled up form along with fee should be submitted by the participant to
“AISECT UNIVERSITY” Village-Mendua, Post-Bhojpur, Dist. - Raisen (M.P.) PinCode-
464993

Contact No. 07556766107,9755002059, 8889776091