



Institute of Entrepreneurship Development, U.P., Lucknow
Centre of Excellence
(Ministry of Micro, Small & Medium Enterprises, Govt. of U.P.)

Faculty Development Program
On Entrepreneurship Development

Registration Form

1. Name:
2. Designation and Department
3. Institution Name
4. Office Address, and Phone:
5. Residential Address:
6. Mobile: _____ Email: _____
7. Thematic area in which you are most interested (given in the thematic area section of this brochure):
8. Expectation from this programme:
9. Residential / Non residential:
10. Payment details:
Cheque/DD no. _____ Date: _____ Amount: _____