DELEGATE REGISTRATION FORM

To

The ICSI – Bengaluru Chapter
No.5, 1st Main Road, KSSIDC,
Industrial Estate, 6th Block,
West of Chord Road, Rajajinagar,
Bengaluru – 560 010

	Receipt. No.	Date.	Delegate No.
Office Use			

Dear Sir,

Please register me for the **Full Day Seminar on Topics "Risk Management & The Real Estate (Regulation & Development) Act"** to be held on **Saturday, 25th March 2017** at Auditorium, Chapter Premises, No.5, 1st Main Road, KSSIDC, Industrial Estate, 6th Block, West of Chord Road, Rajajinagar, Bengaluru- 560 010.

Name: **(in block letters)** : _____

Designation : _____

Name of the organization, Designation & Address: _____

_____

E-mail: _____

ACS:_____FCS:_____ CP NO:_____REGN.NO:_____

Phones : (Off) _____ (Res) _____ Mobile: _____

I am/we are enclosing herewith a Cash OR Cheque/DD/ Transaction ID No._____ dated _____ for Rs._____ drawn on _____ bank in favour of **"BANGALORE CHAPTER OF SIRC OF THE ICSI"** payable at Bangalore.

Date : _____ **Signature**

Are you receiving the emails from the Chapter: Yes_____No_____
if no, please write your email ld for correspondence.

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