

**Pondicherry University**

**Department of Commerce**

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1. Name of the Participant :
2. Age :
3. Gender : Male / Female
4. Address For Communication :
5. Land Line No ( with STD Code ) :
6. Mobile No :
7. Email ID :
8. Name of the Institution / Organization:
9. Name of the Department :
10. Area of Specialization : Commerce / Management

Place: Signature of the Participant

Date:

**Note: Send the scanned copy of the same to commercecoe@gmail.com**