

**Registration Form**  
**Partap IPDA International Conference**  
**Development of Professional Leadership among Teachers**  
*27-29 October 2017*

Name : Dr./Ms/Mr.....

Designation : .....

Institution : .....

Address : .....

Contact Number(s) with area code: .....

e-mail : .....

Whether contributing a Paper: .....

Title of Paper: .....

Mode of Payment : Demand Draft / Cash / Bank Transfer (NEFT). .....

DD No. : ..... Branch ..... Date .....

Draft should be drawn in favour of **“Principal Partap College of Education” and payable at Ludhiana**

Receipt No. of Cash at College : ..... Date of Payment: .....

**For Online Payment Transfer –**

Account Name: **“Principal Partap College of Education”**

Account No. : **650610100001551**

Bank/Branch: **Bank of India, Partap Singh Wala, Hambran Road, Ludhiana**

IFSC Code: **BKID0006506**

Signature : .....

**Address for Correspondence**

Partap College of Education  
Hambran Road, Ludhiana-141008

Ph. No. 0161-2306018, 2309497. e-mail- partapcollege@gmail.com

**Partap College of Education, Ludhiana**

Received Rs.....From ..... On account of Partap IPDA Conference 2017 Fee.

Date : .....

Member Organizing Committee