

FLAME International Conference on Cases and Pedagogical Innovations 2017

NOMINATION FORM

PARTICIPANT DETAILS

Name of Participant: _____

Designation: _____

Academic Qualification: _____

Office Address: _____

Phone (work) : _____ Mobile : _____

Email: _____

Whether accommodation required at FLAME
campus

Yes
No

PAYMENT DETAILS:

Cheque/DD Details

Instrument Number - _____
Drawn on - _____
Date - _____
Amount - _____

NEFT Details

Transaction ID - _____
Bank - _____
Date - _____
Amount - _____

Signature of the Participant

Please fill the form and scan-email it to fcc@flame.edu.in