

IYB Registration FORM
February 03-07, 2016

Name of the Applicant:
Postal Address with Telephone no and Email ID:
Applicant Age and Education:
Department/Institute:
Have you participated in business management training seminars before? <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No If yes, please describe:
Are you currently in business? if yes please describe briefly your current business activity.
Your Line of business:: a. Retail b. Wholesale c. Manufacturing d. Service Operation e. Agriculture / Agro-related f. Combination. Others (Specify)