



International Conference on

E-Commerce (16th and 17th January 2016)

Nomination Form

From our institute / organization,, we would like to nominate the following members :

- Name:
Email: Phone Number(Optional):
Date of Birth (Optional):
Department: Role: Faculty/ Researcher/ Manager/ Promoter/Other (please specify):
Area of Specialization (Marketing / Finance / HR/ Operations / IT / Other (please specify):
Title of Paper / Case to be presented (if applicable):

- Name:
Email: Phone Number(Optional):
Date of Birth (Optional):
Department: Role: Faculty/ Researcher/ Manager/Promoter/Other (please specify):
Area of Specialization (Marketing / Finance / HR/ Operations / IT / Other (please specify):
Title of Paper / Case to be presented (if applicable):

Fee Payment Details:

[Industry Professionals: Rs 2500, Academicians & Doctoral Students: Rs 1000, Students: Rs 500 per participant]

Cheque / DD Number:....., Bank:....., Dated.....

If making direct bank transfer, please mention "Institute- (Your Institute Name) E-Commerce Conference 2016" in comments section. For bank transfer – Account No.: 344 709 000 03, Bank: State Bank of India, IFS Code: SBIN 00 00 739, Swift Code – SBIN IN BB 155, Branch: IMA, Dehradun.

Signature box

Signature of Director / Head Name Date

*Please send a scanned copy of filled-in nomination form to MOVIHS.CHAKRAVARTY@GMAIL.COM

Kindly use photocopies of this form, if required.