

# MANAGEMENT ASSOCIATION OF NEPAL (MAN)

PAN NUMBER: 301740021

## REGISTRATION FORM

(PLEASE USE SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT)  
(THIS FORM IS ALSO UPLOADED ON WWW.MAN.ORG.NP)

P. P. Size  
Photograph

NAME OF THE PROGRAM : \_\_\_\_\_  
DATE OF THE PROGRAM : \_\_\_\_\_  
ORGANIZATION'S NAME : \_\_\_\_\_  
PARTICIPANT'S NAME : \_\_\_\_\_ AGE : \_\_\_\_\_  
DESIGNATION : \_\_\_\_\_  
QUALIFICATION : \_\_\_\_\_  
CORRESPONDENCE ADDRESS : \_\_\_\_\_  
TELEPHONE NUMBER : (OFF.) \_\_\_\_\_ (RES.) \_\_\_\_\_  
FAX NUMBER : \_\_\_\_\_ EMAIL : \_\_\_\_\_  
ORGANIZATION ACTIVITIES : \_\_\_\_\_  
NATURE OF ORGANIZATION : \_\_\_\_\_  
PUBLIC PRIVATE NGO/INGO OTHER \_\_\_\_\_  
HOW MANY YEARS HAVE YOU BEEN IN THE PRESENT JOB ? \_\_\_\_\_  
PRESENT AREA OF RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAN NUMBER: \_\_\_\_\_

PAYMENT OF PROGRAM FEES: NET NRs. .... CHEQUE No. .... CASH.....

NAME OF SPONSOR: \_\_\_\_\_

DESIGNATION AND SIGNATURE OF SPONSOR: \_\_\_\_\_

DATE : \_\_\_\_\_ OFFICE SEAL : 



**PLEASE FORWARD THIS FORM WITH PAYMENT TO:**

**MANAGEMENT ASSOCIATION OF NEPAL (MAN)**

GPO Box Number 3032, KAMALADI, KATHMANDU

TEL. No.: 977-1-4224475, FAX No. 977-1-4240475

E-mail: man@man.org.np, Web: www.man.org.np

Office seal