



**Centre for Micro Finance
Rapid Immersion into Microfinance
May 25-28, 2011**

REGISTRATION FORM

1. Name / Sex / Age:

Name: _____

Sex – (Female/ Male) : _____

Age: _____

2. Organization (with whom presently associated)

3. Address for Correspondence

Tell # Fax # _____

Email ID: _____

4. Last Educational Qualification Attained

A. _____

B. _____

5. Years of Experience in Microfinance:

6. Present Responsibilities

7. Most Recent Training Attended:

	Name of the Programme	Year	For Whom	Organizing Institution
Trainings attended				

8. Details of Payment:

Mode of payment (Cheque / DD) _____

Amount _____

Ch/DD Number & Bank name _____

9. What are your objectives of attending this course?