

DEPARTMENT OF ECONOMICS MAHARSHI DAYANAND UNIVERSITY, ROHTAK

Sub.: One Week National Workshop on Research Methodology on Self-Financing Basis from March 8-14, 2014.

The Department of Economics is organizing One Week National Workshop on Research Methodology on Self-Financing Basis from March 8-14, 2014 in the Department. The contents of the workshop are designed for students of M.Phil, Pre-Ph.D and Research Scholars of the Department of Economics. This Workshop shall also benefit the Research Scholars and Faculty Members not only of Economics Department but also from Management, Commerce and other streams of Social Sciences.

Participants' Registration Fee Structure

	Amount (Rs.)
(a) M. Phil/Pre-Ph.D, Ph.D students (Registered/Approved by PGBOS) and Teachers of the Dept. of Economics	@ Rs.2,000/-
(b) M. Phil/Pre-Ph.D, Ph.D students (Registered/Approved by PGBOS) and Teachers of other Departments of the University	@ Rs.3,500/-
(c) Other Participants	@ Rs.5,000/-*

* Notes

1. Accommodation can be arranged in the University Guest House for which the participants will have to make payment at prescribed rates.
2. Participation fee includes lunch and tea in between the sessions.

Venue

The venue for One Week National Workshop shall be the Department of Economics, Maharshi Dayanand University, Rohtak.

NOTE


All the participants must bring their own Laptops and Power Cords.

For Registration Contact

- i) Prof. Kavita Chakravarty, HoD (Economics): 09215524680
- ii) Prof. Neelam Choudhary : 09215565795
- iii) Mr. Jagdeep Dahiya: 09050177706
- iv) Dr. Rajesh Kumar
- v) Mr. Pradeep Dahiya: 09416197189

E-mail ID: ecoworkshop920@gmail.com


HoD (Economics)


2014

**DEPARTMENT OF ECONOMICS
MAHARSHI DAYANAND UNIVERSITY, ROHTAK**

**One Week National Workshop on Research Methodology
(March 8-14, 2014)**

REGISTRATION FORM

Name of participant (Dr./Mr./Mrs./Ms.): _____

Designation: _____

Company/Institute/University: _____

Address: _____

City: _____ State: _____ Pin Code: _____

Telephone: _____ (with STD code) Fax: _____ (with STD code)

E-mail: _____ Cell: _____

Qualifications: _____

Experience (years): _____ Age: _____

Reasons for Attending the Workshop:

Registration Fees shall be accepted in cash only. Registration shall be on first come first serve basis.

(Signature)