



LUCC FOR 'परामर्श'
CONSULTING CLINIC, UNIVERSITY OF LUCKNOW
REGISTRATION FORM

1. Name of the Organization: _____

2. Type of Ownership (Please tick at appropriate place):
 - a) Proprietorship
 - b) Partnership
 - c) Public Sector Organization
 - d) Private Sector Organization
 - e) Non-government Organization
 - f) Others (Please specify)

3. Annual Turnover (in Rupees) (Please tick at appropriate place):
 - a) Less than 50 lakh
 - b) Between 50 lakh to Rs 1 crore
 - c) From 1 crore to 2 crores
 - d) From 2 crores to 5 crores
 - e) Rs 5 crores and above

4. Establishment Year: _____

5. Type of Business (Please tick at appropriate place):
 - a) Manufacturer
 - b) Retailer
 - c) Wholesaler
 - d) Service Provider
 - e) Others (Please specify)

6. Briefly describe your business: _____

7. Address of Registered Office: _____

8. Nature of Consultancy Services Required:

- a) Marketing
- b) Finance
- c) Human Resource Management
- d) Corporate Strategy
- e) Supply Chain Management
- f) Legal
- g) Information Technology
- h) Project Analysis
- i) Process Analysis
- j) Product Development
- k) Product Testing
- l) Cost-Benefit Analysis
- m) Others (Please specify)_____

9. Details of the Contact Person:

- a) Name: _____
- b) Designation:_____
- c) Department: _____
- d) Mobile No:_____
- e) E-mail:_____

10. Have you paid the registration fee of Rs. 500?

- a) Yes
- b) No

11. Payment Details:

Demand Draft No _____

Name of Bank _____

Date of DD _____

(DD has to be made in favour of Director, Consultancy Clinic, University of Lucknow)

Date:_____

Signature_____