

## DELEGATE REGISTRATION FORM



### **15<sup>th</sup> CAPITAL MARKET SUMMIT**

**- Capital Formation for Viksit Bharat @2047 –**

February 16, 2024 - Hotel Four Seasons, Mumbai

I / we would like to attend / nominate the following:

S. N.	Name	Designation	Mobile	Email
1.				
2.				
3.				
4.				
5.				

**PARTICIPATION FEE:** **Rs. 3,000** per participant. The fee is inclusive of taxes, refreshment and lunch.

Cheque of Rs. ..... Dated ..... drawn on ..... being participation fee in favour of "ASSOCHAM" payable at New Delhi, is enclosed.

#### **ORGANISATION DETAILS**

Company: .....

Address: .....

Telephone ..... Fax .....

GSTIN No. .....

#### **ONLINE PAYMENT DETAIL (If required)**

Bank Name: HDFC Bank

Bank Account Number- 05031110000062

Address- 4/48, Malcha Marg Shopping Complex,  
Chanakyapuri, New Delhi-110021

IFSC Code- HDFC0004711

Beneficiary Name: ASSOCHAM

MICR Code- 110240432

PAN No: AAATT4704C

Swift Code- HDFCINBB

**Note: Prior Registration is essential. Please email/ courier the registration form at the earliest.**  
Please send the registration form to Address given below:

**ASSOCHAM, 4<sup>th</sup> Floor, YMCA Cultural Centre and Library Building, 01 Jai Singh Road, New Delhi – 110001**

**For further details please contact:**

Mr. Ankit Krishna  
Deputy Director  
ASSOCHAM

Ph: 011 - 46550519

e-mail: [ankit.krishna@assocham.com](mailto:ankit.krishna@assocham.com)