



DEPARTMENT OF ACCOUNTANCY AND STATISTICS
UNIVERSITY COLLEGE OF COMMERCE AND MANAGEMENT STUDIES
MOHANLAL SUKHADIA UNIVERSITY, UDAIPUR
(NAAC Accredited 'A' Grade University)

WORKSHOP
ON
RESEARCH DATA ANALYSIS USING MS – EXCEL
(September 28-30, 2016)

Department of Accountancy and Statistics is going to organize a 3 days' Workshop on Research Data Analysis using MS-Excel during September 28-30, 2016. The workshop aims to provide a platform to research scholars and students to learn various statistical techniques by using MS-Excel.

Last Date for Application: September 26, 2016 (Monday)

Venue: Computer Lab, University College of Commerce and Management Studies.

Registration Fee: ` 250/-

The registration process, however, will be closed on receipt of 30 confirmed applications on first come first serve basis irrespective of the last date. So you are advised to collect the registration form from Ms. Neelam Yadav JRF, Department of Accountancy & Statistics (Room no. 9, between 11:00am to 4:00pm) and apply at the earliest and confirm your participation.

Schedule

Date Time	Session 1: Theoretical	Tea Break	Session 2: Practical
	1.00 pm to 2.30 pm		3.00 pm to 5.00 pm
28/09/2016 (Thursday)	<ul style="list-style-type: none">• Introduction to Research Methodology• Descriptive Statistics		<ul style="list-style-type: none">• Excel Basics: Functions, Formulas and Short Cuts• Descriptive Statistics Using Ms-Excel
29/09/2016 (Friday)	<ul style="list-style-type: none">• Fundamentals of Hypothesis Testing		<ul style="list-style-type: none">• Parametric Tests: t Test, Chi-square Test, F-Test, ANOVA
30/09/2016 (Saturday)	<ul style="list-style-type: none">• Correlation and Regression		<ul style="list-style-type: none">• Regression Analysis on MS-Excel: Model Building, Testing and Interpreting

Prof. G. Soral
Dean

Prof. Shurveer S. Bhanawat
Head



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REGISTRATION FORM

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

Category: PG Student Research Scholar Others

Designation: _____

Class or Department _____

Company/Institute/University: _____

Postal Address: _____

Telephone: _____ (with STD code) E-mail: _____

Mobile No. : _____

Note: Registration Fee of ` 250/- is to be deposited in cash along with this form to Ms.
Neelam Yadav, JRF, Department of Accountancy and Statistics. (Contact: 9950515674)

SIGNATURE