

REGISTRATION FORM

Name: Prof./Dr./Mr./Mrs./Ms. _____

Age: _____ Gender: _____ Food: Veg./Non-Veg. _____

Designation: _____ Organization: _____

Address: _____

_____ E-mail: _____

Phone: _____ Mobile: _____ Fax: _____

For Students/Research scholars:

Name of the Institute: _____ University: _____

Course studying/pursuing: _____ Year: _____

Bonafide certificate from Head of the Institute attached: Yes / No

Abstract Submitted: Yes / No

Registration Fees payable (Rupees): _____ (Cash/ NEFT/ Draft/ Pay order)

Draft/Pay Order No. _____ Dated: _____ Drawn on (Bank): _____ for Rs. _____/-

Signature of Applicant:

Date: