

REGISTRATION FORM

PARTICIPANT INFORMATION

Name:

Gender:

Designation and Affiliation:

Address for Communication:

.....

Email: Telephone Fax

Number & Names of Persons accompanying:

PAPER

Presenting a Paper: Yes/No

Title of Paper :

Summary Enclosed :

Authors :

Attending Workshop : Yes/No

ARRIVAL/ DEPARTURE

Anticipated Arrival Date and Time :

Anticipated Mode of Transportation :

Anticipated Departure Date and Time:

ACCOMMODATION REQUEST

Need Hotel/Guest accommodation for persons from (date & time) till (date & time)

Enclosed (Name of the Bank) Demand Draft for with No Dated

Date:

Signature:

For further details, please contact

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