

REGISTRATION FORM



Name of the Institution: _____

Address: _____

SPEAKER ONE

Name: _____ Year of study: _____

Telephone/ Mobile No.: _____ E-Mail: _____

SPEAKER TWO

Name: _____ Year of study: _____

Telephone/ Mobile No.: _____ E-Mail: _____

RESEARCHER

Name: _____ Year of study: _____

Telephone/ Mobile No.: _____ E-Mail: _____

ACCOMMODATION

Date and Time of Arrival: _____

Mode of Transportation: Train/ Bus/Flight/ Any other

Date and Time of Departure: _____

DEMAND DRAFT DETAILS

D.D. No.: _____ Drawn on Bank: _____

Dated: _____

Signature

DatePlace.....