

Name of the Delegate : Prof/ Dr./Mr./Mr./Mrs.

Designation :

Age & Gender :

Educational Qualification :

Field of Specialization :

Name of the Institution :

Correspondence Address :

Contact No.( with STD Code) :

E- mail Address :

Title of the paper with

sub theme of the seminar :

Details of the

Registration Fees Paid : Yes / No

Amount paid in Rs.

Signature of the delegate with Date