

# REGISTRATION FORM

## 7-Day Workshop on Research Methodology 04 April -10 April, 2016

Name : \_\_\_\_\_

Name & Address of the Institution: \_\_\_\_\_

: \_\_\_\_\_

: \_\_\_\_\_

Gender : Male ☐ Female ☐

Telephone : Off. \_\_\_\_\_ Res. \_\_\_\_\_

Mobile : \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

Category :      Research Scholars ☐  
                         Faculty Members ☐

Payment Option : Cash ☐ DD ☐

Enclosed please find a D.D. of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_  
\_\_\_\_\_ only) bearing no. \_\_\_\_\_ dated \_\_\_\_\_ drawn  
on \_\_\_\_\_, and payable at Jaipur in favour of **The IIS University, Jaipur.**

Photocopies of registration form will also be accepted.

Signature

Address for Correspondence  
**The IIS University**  
SFS, Gurukul Marg, Mansarovar, Jaipur-302020  
Ph : 0141-2397906, 2400160, 2400161  
Email : [crit@iisuniv.ac.in](mailto:crit@iisuniv.ac.in)