

REGISTRATION FORM

2-Week Workshop On Research Methodology 15-28 June 2016

Name : _____

Name & Address of the Institution: _____

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Gender : Male Female

Telephone : Off. _____ Res. _____

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Category : Faculty Members/Scholars (Local Participants)

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Enclosed please find a D.D. of Rs. _____ (Rs. _____
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Photocopies of registration form will also be accepted.
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Signature

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