

REGISTRATION FORM

National Workshop

on

Research Plan & Process

14-15 February, 2015

Name : _____

Designation : _____

Oranisation/Institution/University/College : _____

Qualification : _____

Address : _____

: _____

: _____

Gender : Male ☐ Female ☐

Telephone : Off. _____ Res. _____

Mobile : _____ Fax _____

E-mail: _____

Category : Local Participants ☐ Outstation Participants ☐

Accommodation Yes ☐ No ☐

Enclosed please find a D.D. of Rs. _____ (Rs. _____

_____ only) bearing no. _____ dated _____ drawn

on _____, and payable at Jaipur in favour of **Registrar, The IIS University,**

Jaipur.

Persons accompanying the participant will be charged an Additional fee of Rs. 2000/-

Photocopies of registration form will also be accepted.

Forms can also be downloaded from our website : www.iisuniv.ac.in

Dated : _____

Signature

Dated : _____

Address for Correspondence

Coordinator

Internal Quality Assurance Cell (IQAC)

The IIS University

ICG Campus, SFS, Gurukul Marg, Mansarovar, Jaipur-302020

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