Registration Form

Name of Participant Mr. /Ms. /)r.:		
Designation:	Department:		
Organization/Institute:			
Address:			
City:	State:		
Phone No. with STD Code:			
Academic Qualifications:	Professional Qualifications:		
Work Experience:	Gender: Male / Female:		
Please tick, whichever is applicable Submitting paper/ Presenting Paper Please write Title of the paper_ Registration Fee Details (Plea	ase mark (√) accordingly):		
Delegate Category		Draft	Cash
Students Delegate	Rs. 300		
Research Scholar	Rs. 500		
Academicians	Rs. 800		
Corporate Delegate	Rs. 1000		
All Drafts should be in favour at New Delhi. Place:	o.: Issuing Bank: _ r of "Tecnia Institute of Advance		
Date:		(Sid	anature of the

Please Note:

- 1. Please fill the form neatly in capital letters.
- 2. Last date for receiving the applications is 15th March, 2017.
- 3. The fee includes conference material and refreshments. A certificate would be issued to the Participants.

Participant)

4. Fee does not include accommodation, local/outstation travel. No refund will be allowed for Cancellations made. Outstation candidates needing assistance in accommodation (on payment) may Contact the Conference Convener at the address given below.

<u>Kindly send your registration form and DD/ Cheque by post to:</u>
Dr. Abhishek Singh, Convener - Tecnia Institute of Advanced Studies

3, PSP Institutional Area. Madhuban Chowk, Rohini, Delhi – 110085, India.

Phone: 011-27555121-22-23-24, Mobile: 8285521797, 8860244897 Fax: 27555120.