

**Application Form**

Name:

Age:

|  |  |  |
| --- | --- | --- |
| Sex: | M | F |

Designation :

Department :

Education Qualification:

Current area of research :

(Give a brief note on your current research and salient findings – use a separate sheet)

Address for Communication :

City :

Phone :

Mobile No :

E-mail :

Please write in brief your interest to register for this workshop and its utility in your present or future research programs (Use a separate sheet).

|  |  |
| --- | --- |
| Signature of the Participant: | Date: |
| Signature with seal of HOD/Organization Head: |  |