**Registration Form**

Name of the Applicant (first, last):……………………………………………………………….

Gender:……………………………………………………………………………………………………….

Designation:………………………………………………………………………………………………..

Name and Address of the Organization/Institute/college:…………………………

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

City/town:……………………………...……..Email:…………………………………………………..

Alternate email (if any):……………………………………………………………………………….

Phone Number:……………………………………………………………………………………………

Mobile Number:……………………………………………………………………………………………

Do you need accommodation? (Yes/No):………………………………………………………

DD Number:………………………………………………….. Date:……………………………..........

Issuing Bank:…………………………………………………. payable at:…………………………….

Signature of the Applicant

I hereby agree to relieve Mr./ Ms./ Dr……………………………………………………………..

…………………………………………………………………………………in case she/he is selected

to attend the programme.

Signature and Seal of the Forwarding Authority

Name ...................................................................................

Designation ..........................................................................