



**2<sup>nd</sup>**

## National Symposium & Awards

### REGISTRATION FORM

(Fill in Capital Letter)

Name of the Participant Ms/Mr/Dr/Prof: \_\_\_\_\_

Title of the Paper: \_\_\_\_\_

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Postal Address: \_\_\_\_\_

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Professional Position/ Student: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### Payment Details

Amount (in words): \_\_\_\_\_

remitted an amount of INR \_\_\_\_\_ dated \_\_\_\_\_ through

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Signature: \_\_\_\_\_

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