NATIONAL LEVEL WORKSHOP
ON
"Research Opportunities in Distributed Computing and Digital Forensic Science"
(RO-DC&DFS)
(15th - 16th November, 2013)

Registration Form

Personal Information

Name (In Capital): _____

Highest Qualification: _____

Designation: _____

College/Industry/Organization: _____

_____

_____

Postal Address:

D.D. No:..... Dated: ..... Bank:.....

Ph.No.(O):..... (R):..... Fax (O): .....

Mobile: ..... E-Mail: .....

Details of Accommodation*: ☐ Required ☐ Not Required

Note: Accommodation is available on the charges and first come first serve basis.

Date: Signature of Participant

Certificate

I hereby certify that Dr/Mr/Mrs/Ms _____is a PG student/ Staff of our Institute and he/she intends to attend aforementioned program. I am forwarding his/her application for the needful action.

Place:

Date: Signature of HOD/ Principal

(Photocopies of this form can also be used)