

REGISTRATION FORM

National Level Workshop on
Intellectual Property Rights and Scholarly Publishing Tools
for Quality Research

(ISTQR 2015)

9th, 10th May, 2015

Please complete in CAPITALS and return/mail this form to the following address. Please submit One form per participant. (Make photocopies, if needed). (Please make sure to include payment):

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1. Title (Prof./Dr./Mr./Mrs./Ms):

2. Name:

3. Designation:

4. Organizational Affiliation (Name & address of the organization):

5. Address:

City:

PIN Code:

6. Telephone: Landline (area code):

Mobile:

7. Email:

8. Whether you Need Accomodation

Yes

No

A/C

Non A/C

9. Payment mode: DD/ Cash Amount:

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Signature of the Participant(s)

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