

REGISTRATION FORM

**National Level Workshop on  
Intellectual Property Rights and Scholarly Publishing Tools  
for Quality Research  
(ISTQR 2015)**

9<sup>th</sup>, 10<sup>th</sup> 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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Coordinator ISTQR-2015  
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Andhra Pradesh, India

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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No.

Date:

Signature of the Participant(s)

**Note:** (a) The registration fee should be paid in the form of Cash/Crossed DD drawn in favour of '**Registrar, KL University**' payable at **Vijayawada**.

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