

REGISTRATION FORM  
( Please mail to reach before 5<sup>th</sup> September 2009 )

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Permanent Address \_\_\_\_\_

E Mail: \_\_\_\_\_

Tele (+ STD Code): \_\_\_\_\_ Fax (+ STD code): \_\_\_\_\_

Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(attach a copy of attested SSLC marks card – young researchers)

Sex : Male / Female

Highest Academic Qualification and subject (with proof) \_\_\_\_\_

Professional Experience: \_\_\_\_\_

Research Interest: \_\_\_\_\_

Accommodation required: YES / NO

Registration (Research Scholar/) / (non-teachers)

I agree to abide by the rules of the C/STUP, IISc. If selected I shall participate in the workshop for the entire duration.

Date

Place

Signature

Name:

(Photocopy of this form may be used).

The applicant Mr. / Ms./Dr. \_\_\_\_\_ from our institution will be permitted to attend the workshop – **URBAN LAKE MONITORING & MANAGEMENT** at C/STUP, Indian Institute of Science, Bangalore, if selected for the same.

Date

Place

Signature of the Research Supervisor/Head of the institution with seal.