

REGISTRATION FORM
(Please mail to reach before 5th 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 CiSTUP, 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 CiSTUP, Indian Institute of Science, Bangalore, if selected for the same.

Date

Place

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