

Workshop on Urban Environment Issues (27-28 February 2015)

REGISTRATION FORM (Please mail to reach before 22nd February 2015)

Name _____

Institution:

Address:

PASTE
YOUR
Photograph

Permanent Address

E Mail:

Tele (+ STD Code): _____ Fax (+ STD code): _____

Mobile:

Date of Birth: _____

Sex : Male / Female

Highest Academic Qualification and subject

Professional Experience:

Research Interest:

Registration (Research Scholar/faculty, teachers /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 on Urban Environment Issues** 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.