

REGISTRATION FORM FOR E-POSTER

Name.....

Course & Year

College Name.....

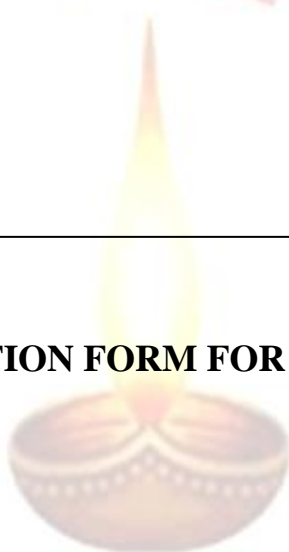
Address

Mobile No:

Email (essential).....

Signature of Applicant

REGISTRATION FORM FOR ABSTRACT



Passport
Size
Photo

Name.....

Category (Faculty/Student).....Year.....

Designation.....

Specialization.....

College Name.....

Address

Mobile No:

Email (essential).....

Signature of Applicant