

REGISTRATION FORM

**Short Term QIP Course on
Advanced Scanning Electron Microscopy and Microanalysis
11th March-15th March 2019**

Name: _____

Title/Position: _____

Organization: _____

Mailing Address: _____

Confirmation No. (Rcvd by email): _____

Email: _____

Phone(s): _____

Research interests: _____

Accommodation Required: Yes / No

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***Payment to be planned only after obtaining participation approval through mail:
Details of enclosed Demand Draft:***

DD No. _____ Dated: _____

Amount (Rs): _____ Issuing Bank: _____

Date

Signature of Applicant