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REGISTRATION FORM

Name													
Address													
									PI	N	1		
Proposed													
title of													
presentation													
Session (√ one)	Oral *			Po	ster			Platfo	orm			Award	
												session	1
Accompanying	Yes/No		No.		Name(s)			•		•			
person	Landline					Mc	obile		-				
Telephone	Lanume					IVIC	DDIIE						
E-mail address													
Registration Fee Detail													
Type of participant	AEB		Non-				Researc	h	F	۶G		Foreign	
(√ one)	Member		member				Scholar		S	Student		Delegat	te
Amount of registration				•									
Demand	No.							Date	Э				
draft/cheque detail													
Name of bank													
Accommodation Requirement													
Type of	Hotel			Lodge				Hoste	el		Private		
accommodation											arrange	ment	
Days			From					То					
Advance amount paid													
Demand draft	No.							Date	Э				
detail													
Name of bank													
* Due te limited			to for an		a suit stiss						44.0.0.10		

* Due to limited number of slots for oral presentations, the Organizing Committee may not accommodate all the requests and may allocate your presentation in Poster Session.

For Office Use

Type of participant	Date of acceptance of abstract	Session	Amount received		