Advanced Training Programme on Configuration and Management of Digital Library using DSpace

19th - 21st January, 2015

REGISTRATION FORM

Name: Dr./Mr./Ms. (in block letters)
__________________________________________________________________________________

Designation:______________________________________________________________________

Institute Name:___________________________________________________________________

Mailing Address:__________________________________________________________________
____________________________________________________________________________________

City:________________________________ State:________________ Pin Code:__________________

Mobile No.:_________________________ Telephone No. ________________________________

Fax No.:_____________________________ Email:______________________________________

Existing Repository Details:
Name & URL:_____________________________________________________________________

Total Records:________________________

OS Platform (Windows/Linux):____________________ Software (DSpace/Other):______________

Payment Details:
Registration Fee—*Rs. 3371/- (Without Accommodation), *Rs. 5618/- (With Accommodation)
per person on twin sharing basis.

(* The amount is inclusive of Service Tax at the Rate of 12.36%)

Registration Fee (Without Accommodation) Rs. __________________________

Registration Fee (With Accommodation) Rs. __________________________

Draft Details: Amount: __________ Draft No: __________ Date: _________________

Issuing Bank & Branch: __________________________________________

Date: ______________________ Place: ___________________ Signature_____________________

Send/Mail the filled-in Registration form along with DD of Registration Fee.

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(Photocopy of this form may be used.)