Training Programme on Bibliometrics and Research Output Analysis  
(7th January – 9th 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: _____________________________________

Payment Details:

Registration Fee – Rs. 3000/- (Rupees three thousand only)
Charges with accommodation 5000./- (Rupees five thousand only)

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 on or before 30th December 2014 to: -

H G Hosamani
Scientist-C(LS)
INFLIBNET Centre
Infocity, Gandhinagar -382007, Gujarat, India
Tel. No: +91-079-23268313
Fax No: +91-079-23268111
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Website : www.inflibnet.ac.in
(Photocopy of this form may be used.)