Information and Library Network Centre  
(An Inter-University Centre of University Grants Commission)  
Gandhinagar-382007  

Three Days National Workshop on KOHA: Installation and Operations  
17th -19th September, 2014

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/- (Without Accommodation), Rs. 5000/- (With Accommodation)  
person for twin sharing basis. @12.36% Service Tax extra as applicable.

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 15th  
September, 2014 to: -

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(Photocopy of this form may be used.)