National Workshop on Content Management System Using Drupal
(16th – 18th July, 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. 4500/- (With Accommodation) per person for twin sharing basis.

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 11th July, 2014 to:

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Scientist-C(LS)
INFLIBNET Centre
Infocity, Gandhinagar -382007, Gujarat, India
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(Photocopy of this form may be used.)