Advanced Training Programme on Bibliometrics and Research Output Analysis
(15 June – 20 June, 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. 5000/- (Rupees five thousand only)
Charges with accommodation 7000./- (Rupees seven 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 10th June 2015 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.)