

APPLICATION FORMAT

Short Term Course

On

**An ADVANCED course on
Industrial and Medical application of x-rays.**

April 23 - 27, 2007

1. Name:

2. Designation:

3. Mailing Address:

Telephone No.:

Fax:

E-mail :

4. Organization where employed:

5. Academic Qualification:

6. Experience(in years):

Teaching:

Industrial:

7. Registration Fee particulars:

Amount : Rs.

Cheque/DD No. and Date:

8. Accommodation Required: Yes/No.

Signature of the Applicant with date