

REGISTRATION FORM

**SHORTTERMCOSE
ON
X-RAY AND IT'S POTENTIAL APPLICATIONS
IN SCIENTIFIC RESEARCH INCLUDING
ENGINEERING & MEDICAL(XPASRIEM2020)**

1. Name:

2. Designation:

3. Mailing address:

Telephone No:

Fax:

E-mail:

4. Organization where employed (With no objection certificate from appropriate Authority):

5. Academic Qualification:

6. Experience (in years):

(i) Research:

(ii) Teaching:

(iii) Industrial:

7. Registration fee particulars :

Amount : Rs

Cheque/DD No and Date:

8. Accommodation if required: Yes/No

*Signature of the applicant
with date*