

National Workshop
On
MOTION UNDERSTANDING FOR MEDICAL
APPLICATIONS (MUMApp- 2017)
August 25 to August 29, 2017

Registration Form

- 1) Name: _____
- 2) Designation: _____
- 3) Organization: _____
- 4) Qualification: _____
- 5) Address for Correspondence:

- 6) Mobile No: _____
- 7) Email Id: _____
- 8) Gender: _____
- 9) Accommodation Required: (Y/N?) _____
- 10) Registration Fee: _____
- 11) DD No. and Date: _____
- 12) Bank: _____
- 13) City: _____

Date:

Signature of Applicant

Place:

[Note: Please attach a copy of valid proof of studentship with this registration form, if you are a research scholar / student].