



## Registration

**Workshop Title :** -----

### **For Faculty Members:**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Highest Qualification:

Ph.D

M.Phil

### **For Student**

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Roll No. \_\_\_\_\_

Subject: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Number. \_\_\_\_\_

**Signature:** \_\_\_\_\_

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### **For Departmental Use:**

Registration Fee Paid:

Yes

No

Approved:

Disapproved

Pending