

REGISTRATION FORM

Name:

Qualification:

Organization/Institution:

Mailing address:

Phone:(off)
(Mobile)

Email:

Accommodation : Required / Not required

Signature of the Participant

Signature of the Head of the Institution

Mode of Payment: Payments should be made through crossed demand draft on any nationalised scheduled bank in favour of '**PLMSS-08**'. Payable at Bangalore and sent to the Secretary of the Workshop.