

**National Workshop**

on

**Technologies and Tools for Scientific Research**



Organized by

**Department of Computer Science  
University of Kerala, Kariavattom  
Thiruvananthapuram – 695581.**

**25-27 September 2017**

**REGISTRATION FORM**

Name: .....

Designation: .....

Institution: .....

.....

Gender: Male  Female

Category: Faculty Member

Research Scholar/PG Student

Mailing Address: .....

.....

.....Pincode: .....

Email: .....

Phone: .....

Food preference: Veg  Non-Veg

Payment Details:

DDNo. .... Date: .....

Bank: .....

Amount: .....

- No TA/DA will be provided.
- No accommodation will be provided.
- Tea/Lunch will be provided.

Signature

**Recommendation by the Institution**

This is to certify that Dr./Mr./Ms.....

..... is a Faculty Member/Research Scholar/Scientist/PG Student of this institution. He/She will be permitted to attend the workshop, if selected.

(Office Seal) Signature of Head of the Institution

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