

**Department of Chemistry & Environmental Science**

**National Workshop on Practical Aspects of Chemical Sciences**

**May 27, 2015**

**Registration Form**

Name (Dr./Prof./Mr./Ms):……………………….……………………………………..…………… ………

Designation:……………………………………………………………………………………………………

Institution/Organization: …………………………………………………………………………………….

Address for Correspondence:…………………........................................................................................

…………………………………………………........................................................................................

Telephone:………………………….Email……….…………………..…..…..FAX…………………………..

Amount of Registration: ………………………………………………………………………………………

**Signature of Candidate**

Place:………………

Date:………………

**Address for Correspondence**

**Department of Chemistry & Environmental Sciences**

**ITM University Gwalior-474001, India**

Phone no.: 09589060776; 09425110434; 09617869966; 09406502146

Fax: 0751- 2440058E-mail: chemistryworkshop2015@itmuniversity.ac.in

Website: www.itmuniveristy.ac.in

Received an amount of Rs. …………………………………………………………………………….. from ………………………………………………… as registration fee for National Workshop on Practical Aspects of Chemical Sciences held on May 27, 2015.

**Date: Signature with Name**