Application/Registration Form

Applicant's Full Name*: _____

Applicant's Category: (Student (UG/PG/Ph.D.- please mention degree subject), Post-doc/RA/Scientist-fellow/Project-fellow (Pas), Academic Faculty, Technical Officer, Scientist, Industry/Entrepreneur/Start-Ups personnel, or Sponsored candidate):_____

Designation/Position (if any): _____

Affiliated Institute/Univ. Name*: _____

Affiliated Institute Dept./Div. Name*: _____

Affiliated Institute Address*: _____

Affiliated Institute City*: _____State*: _____

Residential Address (optional): _____

Residential Address City (optional): _____State: _____

Locality Type (Urban/Rural)*:_____

Category (Gen/EWS/OBC/SC/ST)*:_____

Gender (Male/Female/Others)*:_____

Subject/Research Interest Area: _____

E-mail ID*: _____

Contact No.: (+91)* _____

Training Mode Selected (Online/Offline/Hybrid)*: _____

*Note: *indicates compulsory fields*

Payment Details:

Registration Fee: Rs. _____ Mode of Payment (Online/UPI/DD): _____

Transaction/DD No._____ Payment Date _____

Bank Name, Branch & City: _____

Applicant's Signature_____