

REGISTRATION FORM

Name :
Designation :
Address :

Mob. No. :
Email id :
Academic Qualification :
Accommodation type (Triple/ Twin/ Hotel) :
Payment details :
(Registration fee)
Amount :
DD Number (In the case of NEFT, its details) :
Date :
Bank :
Will you be presenting a paper? : Yes/No
If yes, give Title of the Paper with Authors :

Submit registration form and DD/ Ac transfer to

**Dr.Sunny Joseph Kalayathankal,
Head of the Department of Mathematics,
K.E.College, Mannanam, Kottayam,
Kerala, Pin- 686561, India**

on or before **25th January 2017.**

Date

Signature