

International Research Workshop
On
Cloud Computing

(September 26-27, 2014)

Registration Form

Name : _____

Date of Birth : / /

Sex : Male / Female

Qualification : _____

Designation : _____

Organization: _____

Address for Communication: _____

Mobile No : _____

E-Mail ID : _____

Cash/ DD Details : _____

For an amount : Rs. _____ (In words) only.

Demand Draft No : _____

Dated On : _____

Name of the Bank : _____

Declaration

I hereby declare that the information furnished above is true to the best of my knowledge.

Date:
Place:

Signature of Participant