

REGISTRATION FORM

**National Conference
on
Women, Health and Identity:
Re-Visioning a Multidisciplinary Perspective**

12-13 February, 2016

Name : _____

Name & Address of the Institution: _____

: _____

: _____

Gender : Male Female

Telephone : Off. _____ Res. _____

Mobile : _____ Fax _____

E-mail: _____

Category : UG Student Student/Research Scholar Faculty/Professional

Oral Presentation Poster Presentation Only Participation

Title of paper _____

Enclosed please find a D.D. of Rs. _____ (Rs. _____

_____ only) bearing no. _____ dated _____ drawn

on _____, and payable at Jaipur in favour of **The IIS University, Jaipur.**

Whether accommodation required Yes No

If Yes Single Occupancy Double Occupancy

Date of Arrival Date of Departure

Photocopies of registration form will also be accepted.

Forms can also be downloaded from our website : www.iisuniv.ac.in

Signature

Address for Correspondence

The IIS University

SFS, Gurukul Marg, Mansarovar, Jaipur-302020

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