REGISTRATION FORM

Awareness Program on Creation and Management of Intellectual Property

(February 01, 2013)

Name of the Candidate	
Contact Details. Tel. (With STD Code): Mobile: Fax: Email: Affiliation/ Designation Specialization Department	
Food Preference (Veg/ Non-veg)	
Address of Sponsoring Authority	
Signature of Candidate	Signature of HOD with date & seal
Date:	
N.B: 1. Last date of registration -28.01,2013.	

2. Certificates will be awarded after completion of workshop3. Confirmation of the participation will be sent through email