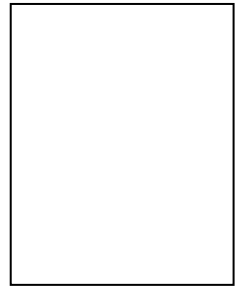


**REGISTRATION FORM**



**Organised at  
Swami Ramanand Teerth Marathwada University, Nanded.**



1.Full Name(Block Letters):\_\_\_\_\_

2.Gender: Male/Female:\_\_\_\_\_

3.Educational Qualifications:\_\_\_\_\_

4.Designation:\_\_\_\_\_

5.Affiliation and office address(if any):\_\_\_\_\_

PIN:\_\_\_\_\_

6.Address for Communication:\_\_\_\_\_

PIN:\_\_\_\_\_

7. E-mail ID:\_\_\_\_\_

8. Telephone:\_\_\_\_\_ Mobile:\_\_\_\_\_

9. Do you want to present a paper?Yes/No:\_\_\_\_\_

If yes, Title:\_\_\_\_\_

10.Name(s) of the accompanying person(s)(if any):\_\_\_\_\_

11.Are you a member of IMS? Yes/No:\_\_\_\_\_

12.Do you need accommodation? Yes/No:\_\_\_\_\_

13.Arrival Details:\_\_\_\_\_ Mode of Travel:\_\_\_\_\_

Date:\_\_\_\_\_ Time:\_\_\_\_\_

14.Registration Fees Details:

Amount: \_\_\_\_\_ DD No.: \_\_\_\_\_ Dated: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature of the Applicant

**Duly filled Registration Form along with DD sent to:**

**Smt. Usha K. Sangale**  
**School of Mathematical Sciences, Swami Ramanand Teerth Marathwada University,**  
**Nanded-431606, Maharashtra, India.**

**A soft copy of duly filled registration form (downloadable from [www.srtmun.ac.in](http://www.srtmun.ac.in)) must be sent to [usha.sangale@rediffmail.com](mailto:usha.sangale@rediffmail.com) through email before 30<sup>th</sup> November 2011.**