

National Conference on
VARMALOGY 2008
An Indian Medical System
11th May 2008

REGISTRATION FORM

Name :

(in block letters)

Age : Sex : M / F

Qualification:

Designation & :

Organization

Address for communication

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.....
.....
.....

Pin Code : State

Phone : Off. (.....).....

Resi.

Mobile

E-mail

Demand Draft

No. Date

Bank

Place

Amount : Rs. 300/- (Rupees Three Hundred only)

Declaration by the Candidate :

The given information is true to the best of my knowledge. I agree to abide by the rules and regulations governing the programme. If selected, I shall attend the course for the entire duration. In any case if I am unable to attend the course, I am prepared to forego the refundable advance paid by me.

Place :

Date :

Signature

Schedule Dates

Last date for receiving the applications
11th April, 2008

Date of intimation regarding selection
16th April, 2008

Conference Venue

ANNA AUDITORIUM

Tamil Nadu Agricultural University (TNAU)
Coimbatore, Tamil Nadu, India

Duly filled registration forms are to be sent to

The Organising Secretary

National Conference on Varmalogy 2008
Arts Research Institute
25/2, Subbiya Nagar, SRKV Post
Coimbatore - 641 020,
Tamil Nadu, India

Instructions

1. No TA / DA will be provided for the participants.
2. Participants have to arrange for travel and accommodation by themselves.