

**National Workshop and Hands on Training
on
Plant Gene Repository and Plant Gene Database Handling**

September 17-19, 2014

Registration Form

Name: _____

Gender (Male/Female): _____ **Age:** _____

Present Position: _____

University/ Institute: _____

Department: _____

Address for Correspondence: _____

Telephone: _____

Mobile: _____

Fax: _____

E-mail: _____

Academic Qualifications: _____

Area of Research Interest: _____

Reason for your interest in the workshop. How will the workshop benefit your Department/ Institute/ University?

Enclosed DD No. _____ **dated** _____ **for Rs. 1000/- Payable to** _____

Signature of Applicant: _____

Place: _____

Date: _____