

REGISTRATION FORM

**“INTERNATIONAL WINTER SCHOOL & FACULTY DEVELOPMENT PROGRAM ON EVIDENCE
SYNTHESIS OF QUALITATIVE AND MIXED METHODS RESEARCH”**

Under the Indo-US 21st Century Knowledge Initiatives Project

February 19th -25th, 2018

Name (in capital letters): _____

Participant Category (please tick): _____

Academician/Ph.D Candidates/NGOs/Corporate & others (specify):

Designation: _____

Name of the Organizations/Institution:

Contact Number:

Office: _____

Mobile: _____

Fax: _____

Email id: _____

Official Address:

Residential Address:

Workshop registration fee details:

Name of Bank: _____

DD No: _____

Date: _____

Accommodation required (please tick): Yes/ No If yes

Date and time of arrival: _____

Date and time of departure: _____

Mode of travel: _____

Train no _____/Flight no _____

Date: _____ Signature: _____