



## Dr. Padam Singh Research & Development Scheme

### Registration Form

Please fill the complete details clearly:

Prefix:	1. Dr. <input type="checkbox"/> 2. Mr. <input type="checkbox"/> 3. Ms. <input type="checkbox"/> 4. Mrs. <input type="checkbox"/>
First Name:	
Middle Name:	
Last Name:	
Gender:	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
Qualification:	
Department:	
Organization:	
Address:	
Mobile Number:	
Email Id:	
Registration Fees:	
Mode of Payment:	<input type="checkbox"/> Online Transaction <input type="checkbox"/> Demand draft

#### Additional Instructions

**Deadlines:** Please fill and submit the registration form before 10 days from the date of the workshop. Please use one form per person.

**Payment Information:** Registration forms must be accompanied by full payment in order to be processed.

**Confirmation:** Please allow 3 days for e-mailed confirmation of your registration. **(For Online Registration)**

I acknowledge that I commit myself to be the participant of the workshop.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature: \_\_\_\_\_

**Note:** Demand draft will be made in favor of **Institute of Applied Statistics.**

**Or for online transaction:**

Account Name:- Institute of Applied Statistics

A/c Number:- 38398638153

IFSC code:- SBIN0016581

(scan QR code for payment)

