



Organized by
School of Mathematics
Shri Mata Vaishno Devi University, Katra-182320 (J&K)

REGISTRATION FORM

Name: _____

Designation: _____

Organization: _____

Department: _____

D.O.B.: _____

E-Mail: _____

Mobile No.: _____

Accommodation required: Yes/No

Signature of the Participant: _____

Signature of HOD/Director/Dean with Seal: _____

Payment Mode: DD/NEFT/ RTGS/IMPS

Transaction ID/DD No.: _____

Date: _____

Amount: _____