

Fifth International Conference

Spirituality and Social Work

19-21 February 2016

REGISTRATION FORM

1. Name: Prof./Dr./Mr./Ms.
2. Gender (please tick ✓) (i) Male (ii) Female (iii) Other
3. Designation.....
4. University/Organization
5. Address for Communication:
.....
.....
.....
Pin:
6. Phone: Cell No.:
Email:
7. Travel Plan

Arrival			Departure		
Date	Time	Flight/Train Details	Date	Time	Flight/Train Details

8. Registration Fee (Mention name and address of participant on reverse side of D.D./Cheque)
Amount:(in words)
Cheque/D.D. No. Dated
9. Accommodation needed : Yes/No

Date:

Signature of the participant

Kindly mail the registration form duly completed along with D.D. by registered/speed post to:

Dr. Suresh Pathare
Conference Director
G.P.O. Box No. 25, CSRD-ISWR
Station Road, Ahmednagar-414001
Maharashtra (India)