

# Two Days Workshop on [21-22 April, 2017]

# LATEX

## Registration Form

Name: .....

Teacher/ Research Scholar/Student (Tick)

If student Class/Course (pursuing) .....

Others Designation: .....

Institute /Organization: .....

.....

Address for Correspondence: .....

.....

.....

PIN Code: .....

Phone: .....

E-mail: .....

Payment Details Amount: .....

DD No and Date: .....

Date:

Signature

Note: Filled registration form is to be sent to [manojmishra.cash@modyuniversity.ac.in](mailto:manojmishra.cash@modyuniversity.ac.in) or  
dispatch to the Convener at the address for correspondence