



12th International Conference Darjeeling -2019

School/Organization/Institution/Personal Details :

Name of the Delegate : Dr/Prof/Mr./Ms./Mrs. -----

Date of Birth - _____ Age : _____

Postal Address - _____

----- Pin Code : - _____

Designation: _____

Year of Experience / Year of Establishment : _____

Name of the School / Institution : _____

Mobile Number(s):

E-mail :-

Payment Details-

The **Registration fee** to be deposited in the Account of

'HIMAKSHARA'

STATE BANK OF INDIA

RAISEN(0462)BRANCH

Account Number **30662148941**

IFSCCode SBIN 00 00 462

and submit scanned receipt with this form.

Amount Details - (RTGS/ NEFT/ACCOUNT TRANSFER /Paytm)

Bank Name: _____ Dated _____ Rs. _____

Transition No. : _____

Details of persons coming along with the delegate:

1. _____ 2. _____

3. _____ (enclose list if necessary with name/age).

AWARDS CATEGORY *

ORGANIZATIONAL : _____

INDIVIDUAL : _____

ONLY CONFERENCE : _____

Name in English with place(Capital letters) as to be written on the certificate-

Title : _____ (Dr/ Prof/ Mr /Ms /Mrs) _____

Place : _____ **Country:** _____

I have read and understood the terms and conditions sent along with this Letter of Selection. I accept and agree to abide by with them.

Signature _____

Date _____

Please submit your CV with Latest passport photograph

(Note: Use copy of this form in case of more than one participant)

Note : Kindly take a print out of this form, fill-up with ink-pen/ dot-pen. Scan the copy of the filled up form and send the same to us as attachment to the email. (e-mail ID : himakshararsp@gmail.com)