

Gondwana University, Gadchiroli

**TWO DAYS AWARENESS WORKSHOP
ON
REVISED ACCREDITATION FRAME WORK
6TH & 7TH MARCH, 2018**



REGISTRATION FORM:

(PLEASE USE BLOCK LETTERS)

Prof. /Dr. / Mr. / Ms. :

Name :

(Surname)

(First Name)

(Middle Name)

Designation / Position :

College / Institute :

Address :

State : PIN Code :

Email :

Contact (M) : (R) :

Whether Submitting Proposal: Yes:

NO:

(Whether Paper Presenter)

Type of Proposal : Research paper :

workshop :

Poster:

If Yes, Please mention Title of the Proposal and No. of Co-Authors, if any:

Whether Accommodation Required: Yes:

NO:

Which type of Accommodation is required : Hostel

Independent Accommodation :

Signature of Participant

**All participant must be registered*

Payment Mode : DD/ Bank Transfer through NEFT

DD No. Date: Drawee Bank: Amt. (Rs.):

Bank Details and Account Number : **964821110000012**

Payment in Favour of : **Finance & Account Officer Gondwana University, Gadchiroli**

Bank name : **Bank of India, Gondwana University Branch.**

IFSC Code: **BKID0009648**

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