



REGISTRATION FORM

(FILL IN BLOCK LETTERS)

NAME :

PAPER ID :

JOURNAL NAME:

PROFESSION: STUDENT / FACULTY / WORKING PROFESSIONAL / ALUMNI / ANY OTHERS

QUALIFICATION:

BRANCH :

COLLEGE / ORGANIZATION NAME:

ADDRESS FOR CORRESPONDENCE (WRITE YOUR PERSONAL ADDRESS)

FULL NAME:

DOOR NUMBER:STREET:

LAND MARK:CITY:

DISTRICT:STATE:

PINCODE:

PHONE NO:

EMAIL ID:

AMOUNT:

ONLINE TRANSACTION NO:

BANK NAME:

Signature: