REGISTRATION FORM REGISTRATION FORM Name: Name: Gender:Age:.... Gender: Age: Address for Communication: Address for Communication: City:Pin Code: City: Pin Code: Phone No: Phone No: E-mail: E-mail: Name of the College/ Organization: Name of the College/ Organization: Designation: Designation: Registration Category: Industry/Academic/Research Scholar Registration Category: Industry/Academic/Research Scholar **Details of Payment: Details of Payment:** DD No. DD No: Drawn in favour of: "The Finance Officer, Pondicherry University" Drawn in favour of: "The Finance Officer, Pondicherry University" Payable at Puducherry Payable at Puducherry Date of DD: Amount: Two Thousand Only* Date of DD: Amount: Two Thousand Only* * One Thousand Only for the Research scholars & Faculty members * One Thousand Only for the Research scholars & Faculty members of Pondicherry University. of Pondicherry University. Signature of the Participant Date: Signature of the Participant Date: