

**REGISTRATION FORM**  
**Workshop on**  
**Learning and Control (WLC)**  
**22 to 26 July 2019**



1. Name: (Mr./Ms./Mrs./Dr./Dr. (Mrs.)) .....
2. Highest educational qualification: .....
3. Current designation: .....
4. Professional experience: .....
5. Organization/Institute: .....
6. Correspondence address: .....  
.....  
.....
7. Phone (with STD code): .....
8. Mobile: .....
9. Email:.....
10. Payment Details (please check registration fee in brochure):
  - a. Demand Draft Number or NEFT UTR No.: .....
  - b. DD Dated or NEFT Transaction Date: .....
  - c. DD Drawn on: .....
11. Accommodation Required (only for Faculty members) (*tick one*)
  - a. Yes:    shared             single
  - b. No

Note: Please send the following documents as a **scanned copy through email** on or before **30<sup>th</sup> June 2019** at following address:

1. The duly filled and signed registration form
2. DD or NEFT transaction proof

**(Signature of applicant)**