

Registration form

International Conference
on
Potential Impact of Pesticides on
Environment and Human Health (ICPIPEHH-2017)
2nd – 4th November 2017

1..Name: _____ Gender: M / F

2.Highest Qualification: Ph.D: P.G student: U.G Student

3.Designation: _____ Department _____

4.College/Industry _____

5.Address: _____

Phone:(O) _____ (M): _____ Pin: _____

E.mail: _____

6.Accommodation required: Yes/No If yes: _____ No. of days

No. of accompanying persons _____ Adults ; _____ Children

7. Details of Registration Fee :Electronic Transfer / DD

Amount: Rs.

DD Number & Date:

Bank Name and Branch:

Note:**DD Payable at Bengaluru** should be drawn in favour of “Dayananda Sagar Unviersity”

For Electronic Transfer: Bank: Vijaya Bank; Branch: DSI Campus Branch, Kumaraswamy Layout, Bengaluru 560078; IFSC Code: VIJB0001411; Account Number: 141101011004600; Account holder's name: Dayananda Sagar University; Nature of the account: SB

8.Kindly tick as applicable the mode of Registration:

Delegate: Oral Presentation : Poster presentation :

9. Title of Paper/Poster: _____

Signature of Head Institution

Signature of Applicant

Note: Photocopies of Registration Forms Accepted

Address for Correspondence:
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Dayananda Sagar University,
Kudlu Gate, Hosur Main Road, Bengaluru 5600068.
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