



National Seminar on Rainfed Agriculture in India : Perspectives and Challenges



7, 8 & 9 December, 2016

Registration Form

Title : Dr./Mr./Mrs./Ms.

Name (In Block Letters) _____

Passport Number (Must for International Delegates) : _____

Designation : _____

Affiliation : _____

Address for Communication : _____

Phone : _____ Mobile : _____

Fax : _____ Email : _____

Title of the Paper (s) with Authors _____

Form of participation: Oral / Poster / Only Participation

Details of Payment of Registration fee : (Find Details in "Registration Fee") or At the time of Registration : DD / Spot Payment / Others

Travel Plan :

Date and Time of Arrival at Akola : _____

Date and Time of Departure from Akola : _____

Accommodation: Required / Not Required

- In University Guest House / Hostels (on payment basis)
- In Hotels (on payment basis)

Date :

Place :

Signature of Delegate