

NATIONAL RESEARCH SCHOLARS' WORKSHOP

Salesian College Sonada

30 November 2019

REGISTRATION FORM

Full Name:

Date of Birth:

Address:

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Mobile:

Email:

Topic of Research:

.....

University:

Registered: YES/NO

If yes, Year of Registration:

Discipline:

Inter-disciplinary:

Engaged: Full time/Part-time

Stage of Research: Beginning – Mid-way – Completing – Submitted

Title of the Presentation for the Workshop:

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Mode of Presentation: Lecture/Power point

A Brief Abstract of your Presentation:

Date of Arrival:

Time of Arrival: