



International Conference on Bacteriophages in “River Ganga” August 22-23, 2017

Registration Form

Please print this form thereafter fill and tick individually in Capital letters.

CONTACT DETAILS

Salutation : Dr. / Mr. / Mrs. / Ms. / M/s Sir Name : _____ First Name : _____

Age (DOB) : _____ Designation : _____ Specialization : _____

Qualification : _____ Department : _____

College / Institute / University / Organization : _____

MAILING ADDRESS

_____ City : _____ Pincode : _____ Dist. : _____ State : _____

Country : _____ Phone with code : _____ Mob. : _____

Fax : _____ E-mail : _____ Website : _____

PAYMENT DETAILS

Payment for registration : Cheque / M.O. / Demand Draft / Money Transfer / ECS / RTGS No. _____

Amount (INR / US\$) _____ Date _____

favouring “ICBRG - 2017” Payable at Banaras Hindu University, Varanasi. Kindly add Rs. 80/- for Cheque payable outside Varanasi Station. OR on the arrival registration Amount (INR / US\$) _____ Date _____

OTHER DETAILS

Accompanying spouse / guests : No. and relation with the Delegate : _____

I wish to attend the Congress and to present a paper in theme : _____

Title of the paper : _____

I am interested in post-seminar tour : YES NO

Preferred accommodation (Pl. tick) : HOTELS : FIVE STAR THREE STAR TWO STAR NON-AC

Payment for accommodation :

Cheque / M.O. / Demand Draft / Money Transfer / ECS / RTGS No. _____

Amount (INR / US\$) _____ Date _____

favouring “ICBRG - 2017” Payable at Banaras Hindu University, Varanasi. Kindly add Rs. 80/- for Cheque payable outside Varanasi Station. OR on the arrival Accommodation Amount (IN / US\$) _____ Date _____

Enclosures : _____

Date : _____

Place : _____

Please return the completed form together with payment to :

Signature with Seal

Organizing Secretary

Prof. Gopal Nath

INTERNATIONAL CONFERENCE ON BACTERIOPHAGES IN RIVER GANGA

IMS, BHU, Varanasi, U.P. (INDIA)

Mobile : 9335058394, E-mail : icbrg2017@gmail.com, gopalnath@gmail.com