

REGISTRATION FORM

"National Seminar on Securing Human Health through use of Medicinal Plants"

03 & 04th September, 2022

• Name:

• Designation & Qualification:

• Date of birth:

• Name of Organization/ Institute:.....

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• Paper/Poster Presentation:

• Title:.....

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• Mailing Address:

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Mobile Number:Email:.....

• Details of Payment:

1. Delegate fee Rs.....

2. Accompanying Person if any Rs.....

3. Total Rs.....

• Details of Fee paid:

Online Payment Receipt Transaction Number.....

Amount in Rs. Date.....

OR

DD No..... Rs. Date.....

Bank.....

• Accommodation required-Yes/No.....

• Accompanying Person if any.....

• Attach ID Proof.....

Date.....

(Signature of Delegate)