**REGISTRATION FORM**

**“10th National Research Methodology Workshop**”

**30 August- 3 September, 2018**

Name (in capital letters)……………………………………………………………………………

Gender Male Female

Designation and Affiliation………………………………………….…………………………....

Correspondence Address………………………………………………………………………….

Phone No. ( )………………………………..Mob…………………………..………………….

Email………………………………………………………………………………………………….…….

Area of Specialization ……………………………………………………………………………….

Accommodation Required : Yes No

Details of Demand Draft : Amount……………………………..…………………………….

D.D.No………………………… paytm Order no………………………………………………

Dated………………….…………………………………………………………………………………....

Please send this form duly filled to

**For Any Query Contact**

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| **Dr. Sneha Rajput**Coordinator+91.98276 62240 Image result for whatsapp logoImage result for paytm logosneha.rajput@prestigegwl.org | **Dr. Ruturaj Baber**Co-coordinator+91. 75662 62619 Image result for whatsapp logoImage result for paytm logo ruturaj.baber@prestigegwl.org |

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