REGISTRATION FORM

Surname :.....

First Name : .....

Sex : ..... Male :.....[ ]..... Female : [ ].....

Title (mark 'x') : .....Mr.[ ].....Ms.[ ].....Dr. [ ].....A/Prof. [] .....Prof. [] .....

Affiliation : .....

Organization : .....

Mailing Address : .....

Telephone : ..... Fax Number : .....

Mobile Phone : ..... Email address : .....

1. Participation
2. Paper Presentation

Registration Fee :

Type of participant (mark)	Indian	Range
[ ] Regular	2000 INR	60 USD
[ ] Accompany / Student	800 INR	40 USD

Mode of Payment :

[ ] Bank draft [ ] Cheque [ ] Spot Registration

Cheque should be made payable to

Registrar,

Allahabad Agricultural Institute Deemed University Allahabad – 211 007, U.P. and mail to the Organizing Secretary

.....

For Office Use Only : Reg. No. :_____

Date received : _____

International Secretariat Acknowledged: _____

Date payment received _____

.....

Please complete this form and send or email this information to :

The International Secretariat, AAI-DU
Attn,: Dr. D. M. Denis
Organizing Secretary
International Secretariat
Allahabad Agricultural Institute – Deemed University, Allahabad, Indian
P.O. Box, Naini, AAI-DU 2007, India
Fax : +91 0532 2684984 e-mail : dmd2003@rediffmail.com Ph. No: 9415324245