

**National Meet for Research Scholar in Mathematical Sciences
(December 19-23, 2009)**

Department of Mathematics
Indian Institute of Technology Roorkee
Roorkee-247667

REGISTRATION FORM

Full Name(Mr./Ms./Dr.)_____

Addres for correspondence:

Telephone No._____ **E-mail** _____

Academic Qualification_____ **Specialization**_____

Experience _____

Presenting Paper **Yes/No** (If yes, attach abstract not more than 200 words)

Title of Paper_____

Poster Presentation Yes/No

Demand Draft No._____ **Dated**_____ **for Rs.** _____ (In favor of
"NMRSMS-2009" Payable at Punjab National Bank, IIT Roorkee) towards registration fee is
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Date

Recommendations

Signature

(Supervisor/Head of the Department)

Address for Correspondence

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