

INTERNATIONAL ENCOUNTER

[17th Feb to 20th Feb 2011]

REGISTRATION FORM

1. Full Name of the Participant: _____

Family Name First Name Middle Name

2. Title: Mr./Mrs./Ms./Dr./Prof. etc.: _____

3. Age (Years): _____ Male or Female: _____ 4. Nationality _____

5. Passport No. (If a foreigner): _____

6. Postal Address: _____

City/Postal Code: _____

Phones (Res): _____ Office: _____

Fax: _____ Email: _____

7. Institution/Affiliation: _____

8. Registration Fee : I will send it if my registration is confirmed.

9. Accommodation:

The delegates will be accommodated at a modest guest house. Please tick or circle the dates you are planning to stay at the conference.

February, 2011 16th 17th 18th 19th 20th

10. Date and Time of (i) Arrival: _____

(ii) Departure: _____

(Please mention clearly)

11. Additional information about you: _____

Signature: _____

Note : Those who are interested should fill in the registration form immediately and

email it to slgandhi@hotmail.com vedic.peeth@epatrika.com vedic.peeth@gmail.com
or Fax : +91-11-43850118