REGISTRATION FORM XXII INCA INTERNATIONAL CONGRESS, AHMEDABAD October 30, 2002 – November 01, 2002

1.	Name, designation and address: Name: Mr./Ms./Dr./Prof.				
	Date of Birth: Whether Member of INCA: Yes/No	If Yes Membersh	nin No:		
	Sex: Male /Female	Designation			
	Organisation:				
	Mailing Address: City/Town:	Pin:	State:	Country:	
	Phone:	Fax:	E-mail:	Country.	
2.	Accompanied by: (spouse/children)				
3.	Accommodation required forRange: @ Rs	perso	person(s) in Hotel Single/ Doubl		
4	-	T) . (1	N C 1.1	··· 1: 11	
4.	Participating in Workshop/Congress/	Botn:	Name of workshop,	if applicable	
5.	Payment:	1.4.1	f D - /II C ф		
	Bank draft NoOn	dated	for Rs./U.S.\$_ Bank enclose	d for registration fee	
	for self	Rs./US\$	Bank cherose	a for registration rec	
	Accompanying person	Rs./US\$			
	Accommodation	Rs./US\$			
6.	Presenting paper in the Congress: Ye				
	If yes, title of the paper: under sub theme:				
7.	Additional information, if any:				
	Date			Signature	
Note:	 Bank Draft/Cheque should be drawn Xerox copies may be used for extra 			e at Ahmedabad.	
Addi	tional information for Foreign De	elegates only			
a) Nationality:		b) Date and	b) Date and Place of birth:		
c) Name of parents:		d) Occupati	d) Occupation:		
e) Passport Number:		f) Duration	f) Duration of proposed stay in India:		
g) Validity of pass port:		h) Passport	h) Passport issuing authority name:		
FOR	INCA CONGRESS USE ONL	Y			
REG.	No.:		Receipt No	.:	
Receiv	ved Draft NoDated				
Drawn Compi	on uter entry by	Bank. on			
Treas				ratary	
			Organising Secretary		
	orrespondence may please be addr	essed to:			
	F.P. Srinivasan,	10			
	nising Secretary, XXII INCA Interna	tional Congress,			

Room No.:4717/4723/4759/4150

SPDD/SIPG/SIIPA, Tel: +91-79-677 4717 / 677 4723 / 677 4759 /677 4150

Space Applications Centre, ISRO, Fax: +91-79-6749115

Ambawadi Vistar P.O., Ahmedabad – 380 015, INDIA E-mail: inca_gb@ipdpg.gov.in / inca_gb@yahoo.com