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1. Name: (capital letter) :
2. Designation:
3. Gender: Male/Female
4. Name of University/College/Institution/Industry:
5. Name of the Department
6. Name of Your PhD Supervisor if Alloted
7. PhD Registration Number if Any
8. Date of PhD Enrolment (Attach Evidence)
9. Contact E-mail: Mobile No:
10. Whether accommodation is needed? Yes/No
11. Food Habit: Veg/Non-Veg:
12. Registration fee: Rs-100/- (On Cash to be collected)

I hereby declare that, The above data’s are correct to my knowledge and I would join the ***Research Methodology Workshop Course*** from 13/02/2019 to 17/02/2019. I will obey all the rules and regulation as per the instruction of OHEEPE.

Kindly fill up the Details as per the Format and Send back to by

email : [ldr.chem@buodisha.edu.in](mailto:ldr.chem@buodisha.edu.in) form on/before 15th January 2019 Positively

Signature of Participant

Place: Date:

(Signature of Head/Coordinator of the Department)