

## KALINDI COLLEGE

(University of Delhi)





organised by

## Internal Quality Assurance Cell (IQAC) & Science Departments

on

	March 13-14, 2018	KC/ LSW/ Mar-2018/
	REGISTRATION FORM	
Name (In Block letters):		
Designation:	Permanent/	Adhoc/Contract
Department:		
Address of Institution:		
Residential Address		
Email:	Co	ontact No:
Date: Place:		Signature of the participant
NOTE: Kindly send the soft copy of March, 2018.	duly filled registration form at labstaffwo	orkshop@kalindi.du.ac.in on or before 7 <sup>th</sup>
Registration Fee: Rs 150 (Paym	nent on the spot, to be paid in cash)	
To attend the workshop, partici copy of Registration Form.	pants are required to bring the authority lett	ter from the Head of the institution and hard
* Registration Fee will be wai	ived off for the first 20 candidates on the	first come first serve basis.
<b>×</b>	×	×
		KC/ LSW/ Mar-2018/
	Receipt	
Received sum of INR		)
from	College/Department	