****

**DRAVYAKA 2019**

**REGISTRATION FORM**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male/Female

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Name and Address:

Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email id:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation (Yes / No): Poster **( )** \*\*Oral **( )**

**Title of the Paper:**

**Reference number of payment made:**

**­-------------------------------------------------------**

**Date of payment:**

**--------------------------------------------------------**

Signature of Candidate

**\*Registration Payment: Direct deposit/Online /NEFT Transfer**

Account Name: BANOTH CHANDULAL

Account Number: 62504513929

Bank: State Bank of India, cheriyal, Keesara

IFSC Code: SBIN0020435

*\*\* Oral presentation selection is strictly based on the criteria fixed by the scientific committee only*