

REGISTRATION FORM

Category : In-Service **Accommodation required :**
 Retired Yes No
 Student

IASLIC Member : Yes No

Payment Details : DD Cash
 DD No. Bank..... Date.....

Membership Details (available from IASLIC website)
 : Zone Membership No.

Name : Prof./Dr./Mr./Ms.

Name of accompanying person (s), if any
 :

Mailing Address :

State Zip Code

Office/Organisation Address
 :

State Zip Code

Contact Details : Mobile Office :

Email Fax

If paper submitted : Receipt No. of Rs.1000/- Date :

Stamp & Sign of Head (in case of student) **Stamp & Sign of Head** (in case of deputed professionals) **Sign of student**

- Note:
- 1) Mail this form to Organizing Secretary, 31th All India National Conference, IASLIC 2017, Dept. of Library & Information Science, Banaras Hindu University, Varanasi, Uttar Pradesh-221005
 - 2) Draft should be in favour of "Organizing Secretary, IASLIC 2017" payable at Varanasi
 - 3) For registration participants are requested to get photocopy of this form.