

## Registration Form

Workshop on TOPOLOGICAL DYNAMICS (10-12 December 2015), NITK Surathkal

1. Name:

2. Position:  MSc(2nd Year) Student  Research Scholar  Lecturer

3. Date of Birth:  Age:  Sex:  Male  Female

4. Mobile:

5. Email:

6. Address of the college/ University where employed/studying.

7. Scholarship(s) held (if any):  NBHM  NET(CSIR/UGC)  GATE  SET

8. Details of M.Sc.

College/  
University  Year  % of marks

9. Address for correspondence

10. Area of Research Interests  
(for PhD scholars/ Lecturers):

11. Accommodation Required?  Yes  No

Signature of the Applicant with date

Dr./Mr./Ms. \_\_\_\_\_ is a student/employee of our Institution and he/she is permitted for attending the workshop on Topological Dynamics.

Place:

Signature of Head of the Institution with seal

Send the filled form to **Dr. V. Murugan/Dr. P. Sam Johnson, Department of MACS, NITK Surathkal, Mangaluru, Karnataka – 575025** or to [tody2015@nitk.edu.in](mailto:tody2015@nitk.edu.in)