

TWO-DAYS NATIONAL SEMINAR ON CHILD ONLINE PROTECTION  
JUNE 22 – 23, 2019

**REGISTRATION FORM** | Kindly fill and send this form on or before June 15, 2019

Prof./ Dr./ Mr. /Ms:\_\_\_\_\_

Category (Teacher/Researcher/Student/Civil Society/Govt. Official etc.)\_\_\_\_\_

Designation\_\_\_\_\_

Will you be presenting a Paper? (Yes/No)\_\_\_\_\_

If Yes, Title of Paper\_\_\_\_\_

\_\_\_\_\_

Sub - Theme\_\_\_\_\_

Affiliating Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

City\_\_\_\_\_ PIN\_\_\_\_\_ Landline No. \_\_\_\_\_

Mo. No.\_\_\_\_\_ Gender\_\_\_\_\_

E-mail 1 \_\_\_\_\_ E-mail 2 \_\_\_\_\_

Educational Qualifications\_\_\_\_\_

Work Experience, if any \_\_\_\_\_ Years\_\_\_\_\_ Months\_\_\_\_\_

Description of Present Responsibility \_\_\_\_\_

Designation of the Authority You Report \_\_\_\_\_

**FOR REIMBURSEMENT**

Name of Account Holder: \_\_\_\_\_

Bank: \_\_\_\_\_

Account No.:\_\_\_\_\_

IFSC Code:\_\_\_\_\_

## TRAVEL PLAN

Do you require accommodation?

Yes

No

## TICKET DETAILS

From: \_\_\_\_\_ To \_\_\_\_\_ (to & fro)

Date & Time: \_\_\_\_\_

Amount (with words): \_\_\_\_\_

Any Other Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Kindly mail a scanned copy of this form along with the Registration form at [plvworshop@uwsl.edu.in](mailto:plvworshop@uwsl.edu.in)