



**ICSSR**



**Sponsored Ten Day Workshop on  
'Research Methodology for Visually Impaired M. Phil./Ph.D./PDF  
Scholars'**

**(9<sup>th</sup> January to 19<sup>th</sup> January 2019)**

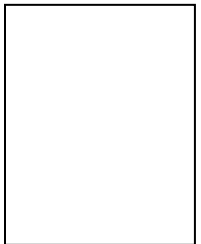
**Organized by**

*Dr. B.R. Ambedkar Central Library, Jawaharlal Nehru University, New Delhi*

**REGISTRATION FORM**

**(Registration form should reach on or before November 26<sup>th</sup>, 2018)**

- 1. Name (Mr. /Mrs. /Ms.): \_\_\_\_\_
- 2. Gender (Male/Female): \_\_\_\_\_
- 3. Category (Gen/OBC/SC/ST): \_\_\_\_\_
- 4. Subject with Specialization: \_\_\_\_\_
- 5. Date of Ph.D. Registration Number: \_\_\_\_\_
- 6. Title of Ph.D. Thesis: \_\_\_\_\_



7. Educational Qualifications: M.Phil/Ph.D./PDF \_\_\_\_\_

8. Address for Communication: \_\_\_\_\_

Tel: \_\_\_\_\_ email: \_\_\_\_\_ Mobile: \_\_\_\_\_

9. Name/Address of the Research Institute/University/College: \_\_\_\_\_

Tel: \_\_\_\_\_ email: \_\_\_\_\_

10. Accommodation Required (Yes / No): \_\_\_\_\_

I am here by submitting my application form along with Photograph and duly forwarded Head/Dean/Research Supervisor of the department.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of the Participant**

**Recommendation of Head/Dean/Research Supervisor  
With signature and seal**