**Format for Registration**

**National Conference on Liquid Crystals**

**(NCLC-2018)**

December 19-21, 2018

|  |  |  |
| --- | --- | --- |
| |  | | --- | | NAME | |  |
| |  | | --- | | PLEASE TICK | |  | | |  | | --- | | Male/ Female | |
| |  | | --- | | DESIGNATION | |  | |  |
| |  | | --- | | ORGANIZATION/  INSTITUTE | |  |
| |  | | --- | | MODE OF PRESENTATION | | |  | | --- | | Oral/ Poster | |
| |  | | --- | | TITLE OF PRESENTATION | |  |
| |  | | --- | | ADDRESS FOR CORRESPONDANCE | |  |
| |  | | --- | | PHONE NUMBER | |  | |  |
| |  | | --- | | EMAIL ADDRESS | |  | |  |
| |  | | --- | | ACCOMMODATION REQUIRED | | Yes/No |
| |  | | --- | | DETAILS OF REGISTRATION FEE | | |  | | --- | | AMOUNT: Rs. |  |  | | --- | | BANK NAME/ BRANCH: |  |  | | --- | | DEMAND DRAFT NO. /  BANK TRANSFER No.: |  |  | | --- | | DATE: | |

Signature of delegate

\* The scanned copy of duly filled registration form should be submitted to the official email address of the conferencee-mail**:- 25nclc@gmail.com**

**Prof. Ravindra Dhar**

**Convener, 25th NCLC-2018**

**Centre of Materials Science,**

**University of Allahabad,**

**Allahabad-211002.**