

REGISTRATION FORM

(Please enter details in block letters)

Name: _____

Gender: Male () Female ()

Date of Birth: (dd/mm/yyyy): ____/____/____

Current Designation: _____
(Research Scholar, PG student)

Institution / Organization: _____

Mailing Address: _____

Phone (with country and city code): _____

Mobile: _____

E-mail: _____

Purpose of attending this workshop: _____

Note: The payment should be done through Demand draft in favour of “**Principal, The Oxford College of Science, Bengaluru**”. Duly filled in registrations should be sent to, The Chief Librarian, The Oxford College of Science, on or before 31-03-2018 through courier / post or by person. Also send scanned copy of registration forms and demand draft to hsrinfocentre@theoxford.edu

Please avoid spot registration to help us to serve you better. Please carry your identity cards during workshop.

For more details contact:

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