

LIS_edu_Vision_2010



2-day National Seminar on

Vision of LIS Education for Modern India

March 19-20, 2010

Registration Form

Name (Prof. /Dr. /Mr. /Mrs. /Ms.): _____

Designation: _____ Institution: _____

Mailing Address: _____

Phone: (Res) _____ (Off) _____ (Mob) _____

E-mail: _____

Payment Details:

Demand Draft No _____ dated _____

Amount (Rs.) _____ (Rupees _____)

(Drawn *in favour of* **'LIS Eduvision, DLIS, CU'**, payable at **'SBI, Kolkata'**)

Drawn on (Bank) _____ Date _____

Whether Accommodation required: Yes / No

Arrival Details (Train No., Date, Time etc.): _____

Signature

Send the filled up registration form along with the DD to:

Joint Secretaries
Seminar Organizing Committee
Department of Library & Information Science
University of Calcutta
Calcutta 700 073

You can send an advance copy of it as an e-mail attachment at culisseminar2010@gmail.com