National Workshop on GPU Programming and Applications 2014

12th -14th September 2014
Indian Institute of Technology Guwahati

Registration Form

Name: Dr./Mr./Ms./Mrs.…………………………………………………………..

Designation: ...……………………………………………………………………...

Organization: ..…………………………………………………………………….

Address:…..……………………………………………………………………………

…………………………………………………………………………………………

…………………………………………………………………………………………

Pincode:…..………………….Phone:…………………….Mobile:...………………….

E-Mail: …………………………………………………..

Particulars of Demand Draft*:

Draft No: _____ Dated: _____

Amount: Rs. _____ Bank: _____

Signature of the Candidate

Date:

Send this form to:

Dr. Gaurav Trivedi
Department of Electronics and Electrical Engineering
Indian Institute of Technology Guwahati
Guwahati, Assam, Pin 781039
Phone: +91-361-2582536

_____

*Demand Draft should be drawn in favour of **"REGISTRAR, IIT GUWAHATI",** payable at **Guwahati.**