



Registration Form

Fields marked with * are Mandatory

Title Prof. Dr. Mr. Ms.

*First Name

Middle Name

*Last Name

*

Category

*Designation

*Department

*Institution/Organization

*Address

*City

*State

*Country

*E-mail

*Mobile

Please enter **Country code** followed by **Mobile number** . For example: **+919012345678** .

Phone

Please enter **Country code** , **Area code** and the **Phone number** . For example: **+913612582714** .

*Accommodation Required Yes No

Payment Mode DD Net Banking

Participant's Signature

- Participants who prefer to pay registration fee through Net Banking are required to send scanned copy of their registration form along with the payment details to the following e-mail ID: coesuspol@iitg.ernet.in
- Participants who are paying registration fee by using Demand Draft (DD) are required to send their completed registration form along with the DD to the following address:

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