

Application Form
Third Workshop on Official Statistics in North Eastern States
November, 2-4, 2015
Venue: Conference Hall, Kohima Science College, Jotsoma

1. (a) Name (In Capital letter):

(b) Sex:

(c) Age on January 1, 2015

(d) Qualification:

(e) Affiliation:

(f) Category of Participant: Faculty / Research Scholar / Professional / Scientist/Others

(g) Job Responsibility and current research/professional activities:

2. Full Mailing Address, including Email/Contact Cell / Land Line Number

3. Food Habit: Vegetarian / Non-Vegetarian

4. Accommodation Required: (i) Yes/No

(ii) If yes: Arrival date:

Departure Date:

5. Any other points those are relevant for the organizers to know before hand.

Place and date:

Signature

Certified that the applicant Dr/Mr/Mrs/Ms _____ is a permanent employee/ registered research scholar of this university/college/institution. His /her application is hereby forwarded for participation in the above workshop.

Date:

Name :

signature and seal of

Principal/Registrar/Head of Dept. /other competent authority

Filled-out Application **must reach the Kohima Science College, Jotsoma on or before September,10, 2015.** It may be sent by email to **mdjakirali@gmail.com.**