

## REGISTRATION FORM

Name :  
Gender : Male  Female   
Designation : Academician  Research  Industry Participant   
Organization :  
Mailing Address :  
  
E-mail :  
Phone Number :  
Workshop Name :  
Details of Payment :  
Mode of payment : DD  NEFT   
DD / Transaction No : Date: Amount:  
Bank Name and Branch :

(Please send the scanned copy of DD and NEFT copy)

Place:

Date:

Signature of Participant

**Communication Address:**

**The Convener, ICoAC 2016,**

Department of Computer Technology, Madras Institute of Technology Campus,

Anna University, Chrompet, Chennai - 600 044, Tamil Nadu, INDIA.

E-mail: thanasekhar@gmail.com.

## DECLARATION

This is to certify that Dr. /Prof. Mr. / Mrs. Ms..... is an Employee / Student of our Organization and is permitted to attend the workshop.

Head of the Department / Institution with seal