

**NATIONAL WORKSHOP ON  
SIMULATION TECHNIQUES AND RESAMPLING PROCEDURES  
(NWSTRP 2013)**

**11 -13 , December, 2013**

**REGISTRATION FORM**

Name :  
Gender :  
Designation :  
Affiliation :  
Address for correspondence : .....  
.....  
.....  
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Mobile :  
Telephone No. (O) :  
(R) :  
Email :  
Accommodation required : **Yes / No**  
Arrival Date & Time : .....

**Payment Details**

DD Number ..... Date .....  
Issuing Bank .....  
Branch .....

**Signature of Participant**

**(For Faculty / Research Scholars)**

This is to certify that Dr. / Mr. / Ms. ....  
is a Faculty / Research Scholar of the Department .....  
.....

**Signature & Seal of HOD**