

ARYA COLLEGE LUDHIANA

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Seminar/Conference Registration Form

Title of Paper :

Personal Information

Title Mr. Mrs. Ms. Dr. Prof.

Event at conference

Delegate Student Invited Speaker

Choose Position

Professor Associate Professor Assistant Professor

Researcher Other

First Name :

Last Name :

Name for Badge :

Date of Birth :

Name of Organization :

Postal Address :

City :

State :

Phone no :

Mobile no :

Fax no

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Email

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