

ONE DAY ADVANCE LEVEL WORKSHOP ON RIGHT TO INFORMATION ACT,
2005

FEBRUARY 8TH 2020

ISWAR SARAN PG COLLEGE, UNIVERSITY OF ALLAHABAD, PRAYAGRAJ

REGISTRATION FORM

(Fill in Capital Letter)

- Name of the Participant: _____
- Age: _____ years
- Sex: Male ___ Female ___
- Designation/ Institutional Affiliation: _____

- Address of Correspondence: _____

- Email: _____
- Mobile: _____

Payment Details

Amount (in words): _____

remitted an amount of INR _____ dated _____ through

(Bank Name _____ and transaction ID

_____ towards the Registration Fee.

Participants are requested to send the scanned copy of the registration form along with the snapshot of the transfer details to rtiworkshop.ispgc@gmail.com

I shall attend the workshop for the entire duration.

Signature of Applicant: