

Indian Laser Association
ILA Short Courses, January 11 and 12, 2009
BARC, Mumbai

REGISTRATION FORM

Name: Mr./Ms _____ Age: _____ yrs.

Status: Student/Faculty/Professional from Industry/ Manager/ other _____

Highest qualification and specialization:

Institution: _____

[ILA membership number: _____ / Not a ILA member]

Address for correspondence: _____

PIN _____ State: _____

Phone & Fax: _____ E-mail: _____

Category & Fee : 1. ILA member (Rs.700/-), 2. Non ILA member (Rs.1000/-)
3. Industrial participants (Rs.2000/-)

I am interested in attending (please make a ring around your option):

Course-I (Optical Engineering) Course-II (Laser Beam Diagnostics)

Course fee Rs. _____ Draft enclosed .

Draft Details:

Amount: Rs. _____ DD No. _____ Date: _____

Name of Bank _____

Signature

(Please ensure that you have communicated to Co-secretary NLS-09 for accommodation.)

Please send this form to

Dr. S. K. Majumder,

General Secretary II, ILA,

R & D Block-D, RRCAT, P. O. CAT, Indore- 452 013

Email: shkm@rrcat.gov.in, Phone : 0731-2488437, Fax : 0731-2488425