REQUEST FOR PARTICIPATION

- Incomplete forms will be rejected.
- Attach all the relevant mark sheets / certificates.
- Letters of Reference should reach the organizers by post or email to awsppdes.wrkshp@gmail.com

Participation requested for : ***Workshop on Singularly Perturbed Partial Differential Equations (SPPDEs): Theory, Computation and Application (AWSPPDES 2016)***

Name : _____

Gender : ☐ Male ☐ Female

Age : _____

Address for Correspondence : _____

_____

_____

Phone : _____

Email : _____

Highest Academic Qualification : _____

(with College/University) _____

Current Position : _____

Research interest and experience : _____

_____

_____

Percentage / CPI : (Fill in the relevant columns) :

Qualification	Year of Passing	Percentage
Class X		
Class XII		
B. Sc. / B. Tech. / B. E.		
M. Sc. / M. Tech.		

Workshop Attended Earlier : _____

_____

Financial Support required for : ☐ Travel

☐ Accommodation