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**XXXIV ANNUAL IAPT CONVENTION 2019 &**

**NATIONAL SEMINAR**

**ON**

**RECENT ADVANCES AND INNOVATIONS IN PHYSICS TEACHING & RESEARCH (RAIPTR-19)**

**[13-15, October, 2019]**

*Organized by*

Department of Applied Sciences, IIIT Allahabad

&

Indian Association of Physics Teachers (IAPT), RC-4, Uttar Pradesh

**REGISTRATION FORM**

Prof./Dr./Ms./Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation & University/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for Correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presenting paper? If yes, give the title of the paper and mode of presentation (Oral/Poster):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

1. **Category:**
2. Delegate/Student:
3. Executive Council Member of IAPT:
4. **Accommodation required:**

Number of accompanying persons:

(Accommodation will be on twin-sharing basis for the three days of the Seminar, except for the EC members of IAPT).

1. **Travel Plan**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Onward Journey** | | |  | **Return Journey** | | |  |
| Date | Time |  | Mode of Transport |  | Date | Time | Mode of Transport |
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1. **Payment Details:** Registration Charge: Accommodation Charge: Total Amount:

Online payment transfers ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***[Please submit the Registration form filled in all respect to e-mail ID*** [***iapt2019@gmail.com***](mailto:iapt2019@gmail.com%20) ***on or before the last date of registration]***

**Place & Date: Signature of Applicant:**