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|  **Participation Form** |
| **1** | **Name (In capital letters)** |  |
| **3** | **Nationality** |  |
| **5** | **Present position/designation and place of work** |  |
| **6** | **Official address with telephone, fax, e-mail** |  |
| **10** | **Transaction Ref. No.:** | **Date:** |

**Participation:** Account Name: Samagra Vikas Welfare Society, A/c no.: 680710110002572, Bank: Bank of India, Branch: Kaisherbagh, Lucknow, Uttar Pradesh, India, IFSC: BKID0006807

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| Participation Fee |
| Category | Category |
| Industrial/Exporters | INR 6000.00 |
| Delegates/ Academia/ Permanent Staff | INR 5000.00 |
| RA/SRF/PDF/Non Permanent Staff | INR 4000.00 |
| Students | INR 3000.00 |
| Old Members of SVWS | INR 3000.00 |

**Declaration:** I declare that no vigilance/disciplinary proceedings are pending against me and the information given above is true and correct to the best of my knowledge and belief.

Date: Signature of Applicant

Place: Name & Designation