

(Accredited with "A" Grade by NACC) PHYSICS WING DIRECTORATE OF DISTANCE EDUCATION

ANNAMALAINAGAR	
UGC, TNSCST, DST Sponsored National Workshop on	
PEER REVIEW PUBLICATIONS	
16-12-2017 & 17-12-2017	
Name	1
Designation	:
Sex & Age	: Male Female
yrs.	
Institution/Organization	1
Address	*
E-mail	2
and the second s	*
Mobile No.	:
Phone	1
Accommodation required	: Yes/No
Payment Details	
DD. No.	:
Bank Name	;
Date	4
DECLARATION	
The above information is true to the best of my	

The above information is true to the best of my knowledge. I agree to abide by the rules and regulations governing the course. If selected, I shall attend the programme for the entire duration. I also undertake the responsibility to inform the Coordinator in case I am unable to attend the course

Place:

Date: Signature of Applicant