

INSTRUCTIONAL WORKSHOP
ON
PROOF TECHNIQUES IN MATHEMATICS
26th and 27th November 2018

APPLICATION FORMAT

Name :

Designation :

Gender :

Organization :

Address :

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Tel/Mobile No :

E.mail :

**Highest Academic
Qualification** :

Experience : a) Teaching :

(in years) b) Research :

**Any other relevant
information** :

Place:

Date :

Signature