

  
**ANNAMALAI UNIVERSITY**  
**DEPARTMENT OF ECONOMICS**  
**REGISTRATION FORM**

**University Sponsored**  
**Prof. K. S. Sonachalam Memorial XXVI Research Methodology**  
**Workshop**  
(23<sup>rd</sup> to 29<sup>th</sup> March 2018)

Name	
Age / Sex	
Qualification and Designation	
Department and Institution	
Name of the Research Supervisor and Designation	
Date of Joining Ph.D	
Topic / Area of Research	
Mobile Number	
Email-ID	

The particulars given above are correct and I assume full responsibility for the same

Place:

Date:

Signature of the applicant)

Note: If the information given above is incomplete in any respect, the form will not be considered.

**FOR THE USE OF THE FORWARDING AUTHORITY**

(Research Supervisor /Head of the Department)

The information given above is true to the best of my knowledge. If selected, I agree to abide by the rules and regulations of the programme and shall attend for the entire duration.

Place:

Date:

**Signature of the Participant**

Signature of the  
Research Supervisor

Signature of the  
Head of the Department

Photocopies of the Registration Form may be used. For further details log on to conference website. <http://annamalaiuniversity.ac.in/>