

Registration Form

Name:.....					
Designation:.....					
Organization:.....					
Affiliated University of the college:					
Address:.....					
City:.....		State:.....			
Zip/Postal Code:.....					
Ph:.....		(Office).....	(Res).....	(Mobile).....	
Email:.....					
Circle: Industry Faculty Researcher Student Others					
I wish to attend the workshop, if selected					
Please provide the details of prior experience in similar area(s):					
A: Subject taught: _____ (for faculty)					
B: Working platform: _____ (for industry people)					
Dated :.....			Signature:		
Recommendation					
This is to certify the Mr./Ms./Dr. _____ is teaching Operating Systems in					
B.Tech/MCA/BCA programme of the University in _____ College.					
				(Signature of Director/Principal)	
				Seal	

Please complete this form and send it to
Amit Prakash Singh
Program Coordinator
(One-Day Seminar on Advances in Operating Systems)
University School of Information Technology
Guru Gobind Singh Indraprastha University
Kashmere Gate, Delhi – 110 403

Contact Nos.:
011-23900312 (off.)
9212248835 (Mobile)
Email: aps.ipu@gmail.com

NOTE: Photocopies of the “Registration Form” can also be used for registration.

(Last Date of Registration: 17th November, 2008. Limited seats on first come first basis)
Please send the Scanned copy of the registration form through E-mail only and bring the original filled form on the day of seminar.

Registration form is also available at the website <http://ipu.ac.in/usit/workshop.htm>