

1. PROPOSED ACTIVITY

Name:

CENTRE FOR CONTINUED EDUCATION, IIT HYDERABAD REGISTRATION FORM OF "CONFERENCE/SEMINAR/SYMPOSIUM/WORKSHOP"

: Conference/Symposium/Seminar/Workshop

Name: Prof Amirtham Rajagopal

2. TYPE OF ACTIVITY	: Institutional/Regional/ National/International
3. TITLE (Specify) :	
4. NAME OF THE ORGANISING CHAIRMAN AND THE ORGANISING SECRETARY WITH DEPARTMENT, WITH CONTACT DETAILS	:
5. NAME OF THE SPONSOR(S)6. NO. OF DAYS and DATE(S)7. VENUE	: : days; :
8. TARGET PARTICIPANTS	: Industry Professionals/ Government Officials/ Faculty/ Researchers/ Others (Specify)
9. REGISTRATION FEE PER PARTICIPANT	:
10. NO. OF PARTICIPANTS EXPECTED	: From India: From Abroad:
11. SEED MONEY*	: *REQUIRED/ NOT REQUIRED
12. BUDGET ESTIMATE	: Rs.
Note:	
The organizing Chairman/Secretary is responsible for making all arrangements and for the smooth conduct of all aspects of the Conference/ Seminar/Symposium/Workshop. Expenses as deemed fit will be met from the funds collected for this purpose with the approval of the organizing Chairman/Secretary. Accounts shall be maintained for all the receipts and expenses incurred.	
months after completion of the Conference/Symp closed after submission of accounts. In case of	tted by the organizing Chairman/Secretary to CCE within three posium/Seminar/Workshop. Bank account opened if any will be cancellation of the event, the seed money shall be returned to at the registration fees, sponsorship amount and other receipts
REGISTRATION NUMBER:	
Organizing Chairman/Secretary Head of the Department Chairperson CCE, IIT Hyderabad.	

Name: