



**IMHCS -2017**

## **International Meeting**

**on**

## **Highly Correlated Systems**

**24-26 March 2017**



### **Registration Form**

Name (in Block Letters) : .....

Date of Birth & Age : .....

Nationality : .....

Qualification : .....

Research Experience (if any) : .....

Category : Faculty / Research Scholar / Student

Department : .....

Address : .....

Mobile No : .....

Email Id : .....

Accommodation Requirement: .....

Amount Paid : Rs.....

DD No.:..... Date:.....

Name of the Bank:.....

*(Drawn in favour of "The Convener IMHCS - 2017" payable at SBT, MG University Campus Branch, Kottayam, Kerala)*

### **Declaration**

The given information is true to the best of my knowledge. I agree to abide by the rules and regulations governing the programme.

Place:

Signature of the Candidates

Date:

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Address for Mailing the Registration Form

**Dr. Nandakumar Kalarikkal, Convener, IMHCS – 2017**

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