

Registration Form
National level workshop on
Koha Integrated Library Management System
13 – 14 February 2017

Participant's Name : _____

Designation : _____

Name and Address of the Institution: _____

Telephone : Office : _____ **Residence :** _____

: Mobile : _____

: Emergency Contact Number : _____

E-mail : _____

Do you require accommodation during the Workshop? Yes / No
(Twin sharing accommodation on Payment of Rs. 863/- per day including services tax)

Cheque / Demand Draft / UTR No: _____

Name of the Bank: _____

Name of Account Holder: _____

Amount: _____

Date: _____

(I understand that the fees paid by me is not refundable)

Signature

Please mail the filled in Registration forms before 31 January 2017

Dr Nanaji Shewale

Librarian and Koha Workshop Coordinator

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