



**Workshop on Applied
Optimization Models and
Computation**
January 28-30, 2015
Indian Statistical Institute, Delhi Centre



REGISTRATION FORM

Name : _____
Age / Sex : _____
Designation : _____
Affiliation : _____
Address For Communication : _____



PHONE (O) : _____ (R) : _____ MOBILE : _____

e-Mail ID : _____

Faculty :

Research Scholar/Post-Doc/Research Associate

Presenting a paper: **Yes/No**

Participants (not presenting a paper) should submit their CV.

Title of the paper (to be presented in the workshop):

Note: Full paper/CV and filled in registration form should be submitted within the date indicated.

Last date of submission:
December 31, 2014

In case of multiple authors, indicate the name of the presenting author.

(FOR RESEARCH SCHOLARS)

This is to certify that _____ is a Research Scholar of the department.

Signature & Seal of HOD

Signature of the Participant