

SERC School
on
Optical Metrology
Department of Physics, Tezpur University, Tezpur
June 01-21 2016

REGISTRATION FORM

1. Full Name (in BLOCK LETTERS):
2. Date of Birth (dd/mm/yyyy): Age Sex M/F
(attach proof) (as on May 18, 2016)
3. Present Position/Designation:
University/Institution:

Telephone: Fax:
4. Address for Correspondence:

Telephone Fax: Pin Code:
5. Email
6. Academic Qualifications:
Degree University/Institution year Grade
B.Sc.
M.Sc.
M.Phil.
Ph.D.
Title of Ph.D. Thesis:
Registration Number:
7. Name and address of the Referee/Supervisor
8. List the SERC Schools attended, if any:
9. List of Publications (attached separate sheet):
10. Current research Interest (Not more than 5 lines):
11. State how the SERC School will benefit you (Not more than 5 lines):
12. Letter of Reference from the Supervisor/Referee:
13. Any other information:

Signature of the Candidate

Forwarded/Recommended

Supervisor/Head of the Institution