

**Department of Computer Science and Engineering,
Motilal Nehru National Institute of Technology Allahabad,
Allahabad-211004**

REGISTRATION FORM

One Week Workshop

On

Information Security : Research Issues and Challenges

March 17 – 21, 2016

Sponsored by: ISEA – II Phase

Name (in Block Letters) _____

Date of Birth _____ **Sex:** Male/Female

Highest Qualification: _____

Organization: _____ **AICTE Approved** Yes/No

Designation (Faculty/Research Scholar/Student/Industry Personnel) _____

Correspondence Address: _____

City: _____ **Pincode :** _____ **Phone:** _____

E-mail _____

Accommodation needed Yes/No :

(Accommodation would be provided on payment on first-come first-serve basis)

PAYMENT DETAILS:

Draft No. _____ **Date:-** _____

Issuing Bank and Branch (with code) _____

Amount: _____ **Drawn on:** _____

(In favour of '-----' payable at 'Allahabad')

(Signature of Applicant)