



**THE DEPARTMENT OF ENGLISH
ANDHRA UNIVERSITY,
VISA KHAPATNAM (AP)**

REGISTRATION FORM

- 01) Name :
02) Age :
03) Designation :
04) Institution :

05) Mailing and Email address :

06) Contact phone/Cell number (Including area code) :

07) Accompanying person(s) if any :

08) Whether accommodation is required : **YES/NO**

09) Title of the paper (I mention the sub-theme) :

10) Registration fee with details of DD :
 Bank :
 No :
 Date :

11) Date, time & mode of arrival :

12) Interested in sight seeing : **YES/NO**

Date:

Place:

SIGNATURE OF THE DELEGATE

Please return the completed form along with D.D latest by 15th October 2008. XEROX COPY OF THIS REGISTRATION FORM MAY BE USED (PLEASE FORWARD / CIRCULATE/ THIS INFORMATION AMONG YOUR STAFF AND FRIENDS)