N.E.W.S. 12th Conference, 2015 Registration form

Tribhuvan University Kathmandu, Nepal

REGISTRATION FORM No	
Please complete the form and Secrateriate up to Jan.15, 2015	send by e-mail or fax to the N.E.W.S.
Fax: + 977 1 4331964, E-fomdean@gmail.com	mail: devraj_adhikari@hotmail.com
Gender: □ Mr. □ Mrs.	□ Ms.
Academic Title: Others (Please specify:	□ Vice-President □ Prof. □ Dr. □)
Surname:	
	Zip code:
Telephone:	Cell Phone:
Fax:	
E-mail:	

If you need a Letter of Invitation for visa application, please send us the following information on your passport:		
t Number:	Date	of Birth:
lssue:		
Expiry:		
	·	d departure:
tend to joi	n the workshop wi	ith a paper presentation please aper.
	ollowing in the Number: Issue: Expiry: nodation: a to ation in Wo	ollowing information on your It Number:Date Issue: Expiry: nodation: anticipated arrival an to , May 2015. ation in Workshop: