



REGISTRATION FORM – PLEASE USE BLOCK LETTERS

Name: _____

Position: _____

Organisation: _____

Address: _____

Postcode: _____ Country: _____

Tel: _____ Fax: _____

Email: _____

DD Details: DD Number: _____ Bank: _____ Branch: _____

Signature : _____ Date _____

DELEGATE FEES

Research Students	Rs. 500/-
Academic Institution Faculties	Rs. 1000/-
Government Departments	Rs. 2000/-
General (including Industry)	Rs. 3000/-

Filled in forms along with the DD should be sent to the below address for confirmed registration.

DD should be drawn in favor of **The Registrar, C-DIT, Trivandrum.**

Convener Optical Image Processing Team Centre for Development of Imaging Technologies (C-DIT) Chitranjali Hills, Thiruvallam P.O. Thiruvananthapuram – 695 027 Email: convener.icat@gmail.com Website: www.icat.cdit.org	Tel: +91 471 2383211 Fax: +91 471 3281646 Mobile: Chairman: +91 9895788177 Convener: +91 9447827852 Co-ordinators: +91 9895269532 +91 9995926535 +91 9446397868
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