

If applicable, Accompanying Spouse / Person's

Title: MR. MS. MRS. DR. PROF.

Name: _____
(First or Given name) (Middle initial) (Last or Family name)

Organization Affiliation: _____ Official Designation: _____

Phone: _____ (+ (Country code) – (Local area code) – Phone number)

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Official Email ID: _____ Personal E-mail ID: _____

#PASSPORT Number: _____ Expiry Date: ____/____/2008 (MM/DD/2008)

#PASSPORT Issuing Country: _____

Applicant's Signature: _____

Applicant's Supervisor must provide personal information in this Form

Supervisor's Personal Information (Please use **BLOCK LETTERS**)

Title: MR. MS. MRS. DR. PROF.

Name: _____
(First or Given name) (Middle initial) (Last or Family name)

Official Title: _____ Department: _____

Organization Affiliation: _____ Official Designation: _____

Organization Address: _____

City: _____ Zip / Pin: _____ Country: _____

Phone: _____ (+ (Country code) – (Local area code) – Phone number)

Fax: _____ (+ (Country code) – (Local area code) – Phone number)

Mobile: _____ (+ (Country code) – Mobile phone number)

Official Email ID: _____ Personal E-mail ID: _____

Supervisor's Signature: _____

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Whilst every attempt will be made to ensure that all aspects of the conference mentioned in this announcement will take place as scheduled, the Organizing Committees reserves the right to make last minute changes or cancellation should the need arise without prior notice.

IMPORTANT NOTE:

Please Mail/Airmail fully filled and signed this **FINANCIAL ASSISTANCE FORM**, and **Letters of Recommendation** by the **Registered Mail** (with the Return Receipt requested) from your local Post Office to:

Attn.: Dr. Suresh. W. GOSAVI

The Convener

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