



REGISTRATION FORM
SLC (University Of Delhi)
Shyam Lal College

Advancements in Physical Sciences: Learning & Adaptation for Effective
Teaching and Research.

Name_____

Designation_____

Organization Name_____

Address_____

Mobile No._____ Phone_____

Email ID_____

PAYMENT OF FEES

NEFT Details

Date & Amount of money transferred_____

Transaction ID_____

Name of Bank, IFSC code & account no. from which the money has been transferred.

DETAILS OF DEMAND DRAFT

Date of issue & amount_____

DD No_____

Drawn on Bank_____

For queries contact:

Dr. Ashu Gupta: 9811624264, Dr.Monika Goyal: 9810683688,

Mr. Balram Kindra: 9911805964.