



Biyani's
Group of Colleges



6th Biyani's International Conference-2011 (BICON-11) on

INNOVATIONS IN THE LATEST HEALTHCARE ISSUES

September 19-21, 2011

S.No.

REGISTRATION FORM

Please fill the details in **BLOCK LETTERS** only

Name of Participant (Mr/Ms/Dr/Prof) _____

Current Status/Designation _____

Organization/Institution _____

Address _____

Phone Number (O) _____ (M) _____

E-mail ID _____

Also participating in : (Please ✓ Mark)

1. Workshop

2. Oral/Paper Presentation

3. Submission of Research Paper

Registration Fee for two days symposium (Please ✓ Mark)

	Early Bird (before Aug. 20)	Standard (Aug. 21 - Sept. 15)	On-site (Sept. 19)
(a) Student/Research Scholar	<input type="checkbox"/> ₹ 400	<input type="checkbox"/> ₹ 500	<input type="checkbox"/> ₹ 600
(b) Lecturer/Professor	<input type="checkbox"/> ₹ 800	<input type="checkbox"/> ₹ 1000	<input type="checkbox"/> ₹ 1200
(c) Professional	<input type="checkbox"/> ₹ 1800	<input type="checkbox"/> ₹ 2000	<input type="checkbox"/> ₹ 2400

Workshop Fee (Please ✓ Mark)

	Early Bird (before Aug. 20)	Standard (Aug. 21 - Sept. 15)
(a) Student/Research Scholar	<input type="checkbox"/> ₹ 800	<input type="checkbox"/> ₹ 1000
(b) Professional	<input type="checkbox"/> ₹ 4000	<input type="checkbox"/> ₹ 5000

Accommodation Charges, if required (Twin sharing basis)

(a) AC Room (₹ 1000/2000*) (b) Non AC Room (₹ 750/1000*)

Total Amount

Two Days Symposium Registration Fee	Workshop Fee	Accommodation Charges	Total
₹ _____	₹ _____	₹ _____	₹ _____

I am enclosing herewith Cash/DD amount of ₹ _____ in favour of "**Convener:BICON-11, Biyani Girls College**" payable at Jaipur bearing DD No. _____ dated _____.

To be addressed :

Dr. B.L. Sharma

Organizing Secretary:BICON-11

Department of Science

Biyani Girls College

Sector-3, Vidhyadhar Nagar

Jaipur-302023, Rajasthan (INDIA)

Tel. : 0141-2338591-95

Fax : 0141-2338007

E-mail : convener@biyaniconference.com

Website : www.biyaniconference.com

Signature of Applicant

Date : _____

Place : _____