

**Regional (West-III) Workshop On Institutional Digital Repository  
For  
National Digital Library of India Project.  
May 12-13 , 2017**

**REGISTRATION FORM**

I would like to be considered for participation. My details are as follows:

**Participant's Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Name and Address of the Institution** : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone** : Office : \_\_\_\_\_

: Mobile : \_\_\_\_\_

**E-mail** : \_\_\_\_\_

Do you require accommodation during the Workshop?

1. Yes ( )                      2. No ( )

If Yes, please contact us immediately and not later than May 10, 2017

*Signature*