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|  | <b>30<sup>th</sup> Research Scholars' Meet 2018</b><br>Organized by<br><b>INDIAN CHEMICAL SOCIETY (Mumbai Branch)</b><br>In Association with<br><b>JAI HIND COLLEGE</b><br><b>Registration Form</b><br><b>Dates of event: 9 and 10 February 2018</b> |  |
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Please fill in the registration form and send it along with a cheque of Rs. 700/- drawn in favour of "Sind Educationists Association - Society A/c" for oral/poster presentation & participation as delegate.

**IN BLOCK LETTERS (as desired on the certificate)**

Name: Mr./Ms./Mrs.

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|-------------------|--|--|--|
| Institution:      |  | <input style="width: 600px;" type="text"/> |  |
| Address:          |  | <input style="width: 600px;" type="text"/> |  |
|                   |  | Pin code:                                  | <input style="width: 100px;" type="text"/> |
| Contact number/s: | <input style="width: 200px;" type="text"/> | Ph.D. reg. no:                             | <input style="width: 100px;" type="text"/> |
| Email:            | <input style="width: 200px;" type="text"/> | Reg. date:                                 | <input style="width: 100px;" type="text"/> |
| Place of work:    |  | <input style="width: 600px;" type="text"/> |  |

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| Participating as:               | <input type="checkbox"/> Oral Presentation; <input type="checkbox"/> Poster Presentation; <input type="checkbox"/> Observer |  |  |
| Title of Presentation:          | <input style="width: 600px;" type="text"/>  |  |  |
| Details of Research Supervisor: | Name:   | <input style="width: 500px;" type="text"/> |  |
|                                 | Institution:  | <input style="width: 500px;" type="text"/> |  |
|                                 | Email:  | <input style="width: 500px;" type="text"/> |  |
|                                 | Contact no:   | <input style="width: 500px;" type="text"/> |  |

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| Cheque details: | Cheque no.:                                | Date:   | <input style="width: 100px;" type="text"/> |
| Drawee bank:    | <input style="width: 300px;" type="text"/> | Branch: | <input style="width: 100px;" type="text"/> |

|                                  |                                     |                             |                                     |
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| Last date for sending abstracts: | <b>22<sup>nd</sup> January 2018</b> | Last date for registration: | <b>30<sup>th</sup> January 2018</b> |
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| <b>Signature of the participant:</b>                   | <b>Signature of the Principal/Head/Director/Research supervisor:</b> |
| <input style="width: 95%; height: 100%;" type="text"/> | <input style="width: 95%; height: 100%;" type="text"/>               |

**Please send to:** The Head, Department of Chemistry, Jai Hind College, 'A' Road, Churchgate, Mumbai: 400020.

Photo copies of registration form can be used.

E-mail a scanned copy of the registration form & the abstract to: [icsjhcrsm30@gmail.com](mailto:icsjhcrsm30@gmail.com)

**Check list:**

1. Registration Form ;
2. Registration fees/cheque ;
3. Certificate from Research supervisor (Annexure I) ;
4. Abstract for oral/poster presentation .
5. E-mail abstract & scanned copy of registration form to [icsjhcrsm30@gmail.com](mailto:icsjhcrsm30@gmail.com) .

**Indian Chemical Society (Mumbai Branch)  
30<sup>th</sup> Research Scholars' Meet-2018**

**DECLARATION**

Program: 

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| Ph.D./ M.Sc. |
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I, \_\_\_\_\_, certify that the work embodied in this presentation entitled \_\_\_\_\_ is my own bonafide work carried out by me under the supervision of \_\_\_\_\_, Designation \_\_\_\_\_, affiliated institute \_\_\_\_\_ vide registration number: \_\_\_\_\_ [For Ph.D./M.Sc.(Research) only]; date of registration \_\_\_\_\_.

I declare that I have faithfully acknowledged authors/researchers wherever their work has been cited therein. Also certifying that abstract adheres to the format provided by the organizing institute & is free from plagiarism. I am also aware that acceptance of abstract for presentation is at the sole discretion of the review committee of Indian Chemical Society (Mumbai Branch.)

(Signature of Scholar)

(Signature of Supervisor)

NAME & DESIGNATION