

NUiCONE 2017

(November 23-25, 2017)



6th NIRMA UNIVERSITY INTERNATIONAL CONFERENCE ON ENGINEERING REGISTRATION FORM FOR ATTENDING SECOND DAY PROGRAM

Name: Prof. /Dr. /Mr. /Ms. _____

Qualification: _____

Gender: Male Female

Designation: _____

Name of Company/Organization: _____

Address for communication: _____

Phone with STD Code: (R): _____ (O): _____

Mobile: _____ E-mail ID: _____

Date:

Place: _____ Signature of Applicant

(Kindly Attach your Business Card)

(To be filled in by Industry/Organization)

We allow Mr/Ms _____ to attend second day program of
NUiCONE 2017 at Institute of Technology, Nirma University.

Place: _____ Signature & Seal of Official



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