

Five Days National Workshop on Cloud Computing, Virtualization and Network Management

(July 20-24,2015)
Venue
INFLIBNET Centre,

INFLIBNET Centre, Gandhinagar, Gujarat

Name: Mr./Ms./Mrs./Dr./Prof. (Select appropriate) Designation : Organization : Address :			(First Name) (Mid	Idle Name)	(Last Name)	
Phone	Fax:			City: Pin: State: Country: Res.: Mobile:			
Accommodation Required: Yes No Self Accompanying Person (No. of Person)							
Payment Details:- Registration Fee- *Rs. 5700/- (Without Accommodation), *Rs. 8550/- With Accommodation) Per person on twin sharing basis. (* The amount is inclusive of Service Tax at the Rate of 14%) Registration Fee (Without Accommodation) Rs. Registration Fee (With Accommodation) Rs. Draft Details: - Amount:							
Travel Schedule:-							
Arrival	Date	Time	Mode		Sh	ail the Registration Form to ri Manoj Kumar K.	
Return					IN	onvener FLIBNET Centre Indhinagar - 382007	
Date: _		_			Co	ontact No. 079 23268000 anoj@inflibnet.ac.in urav@inflibnet.ac.in	
Place:				Signature			
For more details kindly visit: http://www.inflibnet.ac.in/							