

8th IASSI Annual Conference
4-5 December 2017, Guntur, India

Registration Form

Name _____

Designation _____

University/Organisation _____

City _____ State _____ Country _____

Pin _____

Telephone (Off) _____ (Res) _____

Mobile _____ Email: _____

Accompanying person(s) details

Name(s) _____

Membership Status:

Whether: a) IASSI Member
• Representing IASSI
Member Institution (Yes/No) -----
• Individual Member (Yes/No) -----
• Associate Member (Yes/No) -----
b) Non-Member (Yes/No) -----

(Those who wish to become Member of IASSI, should send their application separately)

D.D. no. _____ Dated _____

Amount Details (in Rs. / US \$) _____

Send your registration form duly filled to:

Member Secretary

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c/o Institute for Human Development
84, Functional Industrial Estate, Patparganj, Delhi-110092
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