

REGISTRATION FORM

National Workshop
on
Wide Area Monitoring and Control of Power Systems using Synchrophasor Technology
April 13-14, 2012

Name: _____

Designation: _____

Organisation: _____

Gender (for accommodation): M F

Accommodation required: Visitors Hostel Visitors Hostel Extension

Correspondence Address: _____

_____ PIN: _____

Phone: _____ Fax: _____

E-mail: _____

Qualification: _____

Demand Draft / Cheque No. _____ Dated: _____

Amount Rs. _____ Drawn on _____

[DD/multi city cheque in favor of “**Coordinators, WAMCPS**” payable at State Bank of India, IIT Kanpur branch (Code – 1161)]

Category: Participant Exhibitor, from

Academic Institution

Industry /Utility/Regulatory /R&D Organisation

(Signature of Participant)

Forwarded

(Head of the Institution/Department)
Signature with seal

Note: Please send this form, along with DD/cheque to the Workshop Coordinators latest by March 31, 2012.