

1st IAPT NATIONAL STUDENT SYMPOSIUM ON PHYSICS

INDIAN ASSOCIATION OF PHYSICS TEACHERS
and
DEPARTMENT OF PHYSICS, PANJAB UNIVERSITY, CHANDIGARH

25-27 February 2013

REGISTRATION FORM

Photo

Name: _____

Class, University/College: _____

Full Postal Address: _____

Mobile: _____ Tel: _____ Email _____

Tick one: I would like to

- i) make ORAL presentation at the symposium
- ii) make POSTER presentation at the symposium
- iii) only attend the symposium

I need travel support:

Accommodation required: from _____ to _____

ATTESTATION

This is to certify that Mr./Ms. _____ is a bonafide

student of _____ Class of _____

(Department/College/Institution)

Signature of the Head of the Department/Principal with Seal