



International Conference on Youth, Gender, and HIV ICYGH 2014



Registration Form

Name (As it should be in the Certificate):

Position:

Organisation/Institution:

Mailing Address:

.....

City:Country: Pin:

Mobile No.: E-mail ID:

Registration Category

Student*/Alumni Professional NRI/Foreign Nationals

* Students should send a bonafide certificate or copy of ID card for the proof of their studentship

Payment Details

e-Transfer Demand Draft

Demand Draft Detail: (Demand Draft in the name of "Amity University Uttar Pradesh" payable at Lucknow)

No.	Date:	Name of the Bank, Branch

e-Transfer Details:

Reference Number.	Date	Name of the Bank, Branch

Signature

Date:

The completed registration form should be sent to:

Convener

Amity Institute of Behavioural and Allied Sciences, Amity University Uttar Pradesh, Malhaur (Near railway Station),
Gomti Nagar Extension, Lucknow, India - 226028

E-mail the completed form to rshukla1@lko.amity.edu

RECEIPT

Name:

Organisation/Institution:

Payment Received:

Signature

Date: