

INTRUMENTATION FOR EVALUATION OF GROUND CONTROL PROBLEMS AND WIRELESS SENSOR NETWORKS FOR MINES

Nov 27 - 30, 2013

APPLICATION FORMAT

1.	Name:
2.	Designation:
3.	Mailing Address:
	Telephone No.:
	Fax:
	E-mail:
4.	Organization where employed:
5.	Academic Qualification:
	Experience (in years):
	Teaching:
	Industrial:
	Designation For modifications
0.	Registration Fee particulars:
	Amount: Rs.
	Cheque/DD No. and Date:
7.	Accommodation Required: Yes/No.

Date