

## ACCOMODATION FORM

Name:

Designation: (Student/Research Scholar/Faculty):

Affiliation/Institute:

Sex:

Date and Time of Arrival:

Date and Time of Departure:

Mode of Travel: (Train/Air/Bus):

Mobile Number:

Email id:

Online Money Transaction Reference No:

\*The filled in form should be send to [goureesdas@gmail.com](mailto:goureesdas@gmail.com). For further queries, please contact:

Dr. Gouree Shankar Das

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