

Participant Name : _____
 Designation : _____
 Organisation : _____
 Mailing Address : _____

Telephone : _____ Fax: _____
 Email : _____

Do you wish to participate in training sessions on 9th Dec. Yes, No.....
 If yes, please indicate your order of preference by indicating 1,2 & 3 against the following sessions:

(a) Pre-lunch session

(A1)STN

(B1) Vantage Point

(C1) Ms.Brown

(B2) Questel

(C2) Dr.Subarna

(b) Post-lunch session

(A2) Thomson

(B3) Patent iNsight Pro

(C3)Dr.Ranade

(B4) Patbase

(C4) STN

Please note that there are limited seats in each session. They will be reserved on first-cum-first serve basis. Your preference will be considered while allocating seats. Session of your choice may not be available due to pre-registration or last minute changes.

Are you interested in undertaking Pune Heritage Tour on 12th Dec. Yes No

Registration Fees* Rs _____ DD No _____ Drawn on: _____

Signature with date: _____

*SIS Members: Rs. 1,500; Non-Members: Rs.2,000 (Research/Academic);Rs.3,000 (Industry) Payable to "SIS-2009"atPune.

Payment can also be made by electronic transfer to following bank account indicating the name of the participant and organisation:

SR. No.	Types of Codes	Codes/ Nos. etc.
a.	Account Name	SIS-2009
b.	Name of the Bank	IDBI Bank Limited
c.	Branch	Kothrud
d.	Telephone No	0091-20-25460879/25455186
e.	Address	Paud Road, Kothrud, Pune - 411 038
f.	Branch Code	653
g-	Account No.	653102000002172
h.	Type of Account (10/11/13)	Current Account
i.	NEFTIFSC CODE (11 digit)	IBKL0000653
J-	MICR CODE (9 digit)	411259015
k.	SWIFT CODE	IBKLINBB007

Please send the filled registration form along with DD or payment details to:
 Conference Secretariat: Mrs.RJansi, URDIP, "Jopasana",
 85/1, Paud Road, Pune 411038, Tel.020-25382296 (Ext.225)
 Email: sis2009@urdip.res.in