

**IARP National Conference**  
**Radiation Safety in Nuclear & Core Industries,**  
**Health Care and Environment**  
**(IARPNC-2020)**  
**April 16-18, 2020**

**Form - A (Registration)**

1.	Name	
2.	Designation	
3.	IARP Membership No.	
4.	Institution/Affiliation	
5.	Address (mailing)	
6.	Email id.	
7.	Associate delegate Name	
8.	Payment details	DD/Local Cheque/Outstation Cheque
	DD/Cheque No.*	
	Bank Name	
	Amount (Rs./USD)	
	Date of payment	

\* DD/Cheques should be drawn in favour of - "IARPNC-2020" payable at Hyderabad.

Date

Signature

Please mail the completed form to:

**Dr. D. Vidyasagar-**

Co-convener, IARPNC-2020

Officer In-Charge, HP Unit, Health Physics Division, BARC

Nuclear Fuel Complex, Hyderabad

E-mail : dvs@nfc.gov.in

Ph: +91 40 2718 4552

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**Form - B (Accommodation)**

1.	Name	
2.	Designation	
3.	Type of accommodation	
4.	Institution/Affiliation	
5.	Address (mailing)	
6.	Email id.	
7.	Number of persons	
8.	Duration of stay	
9.	Payment details	DD/Local Cheque/Outstation Cheque
	DD/Cheque No.*	
	Bank Name	
	Amount (Rs./USD)	
	Date of payment	

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**Form – C (Scientific/Trade Exhibition & Advertisement)**

1.	Name of the company	
2.	Contact Person	
3.	Address (mailing)	
4.	Number of stalls. 2x2 m or 3x3 m	
5.	Brief description of the equipment/product	
6.	Advertisement in the Souvenir (type & no. of pages)	
7.	Payment details	DD/Local Cheque/Outstation Cheque
	DD/Cheque No.*	
	Bank Name	
	Amount (Rs./USD)	
	Date of payment	

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