

**Workshop on Academic Writing and Publishing**

*(for the Sciences)*

January 2015

---

*Registration Form*

**Name** (in capitals):

**Designation:** Assistant Professor/Research Scholar (Please tick relevant one)

**No. of years of experience in:** Teaching Research:

**Subject taught:**

**Type of institution:** University/Govt. College/Aided-College (Please tick the relevant one)

**Address of the institution** (in capital letters)

**Whether accommodation needed:** Yes/ No (please tick relevant one)

**Contact details:** Mobile/Telephone:

Email id:

The participation is on a **first come first served basis** .Filled in forms may be sent to the following address:

The Member Secretary,  
The Kerala State Higher Education Council,  
Science and Technology Museum Campus,  
Vikas Bhavan, P.O.  
Thiruvananthapuram-695 033

For details contact:

The Co-ordinator,  
Deepika Lakshman,  
Documentation Officer, KSHEC  
(Mob: 9447595021)

**Confirmation will be sent to the selected participants.**