



**WORKSHOP**  
on  
**Internet of Things**  
**(IoT 2020)**

27-28 February, 2020, RANCHI, JHARKHAND

**REGISTRATION FORM**

**1. NAME (in Block Letter): .....**

**2. ORGANIZATION/ INSTITUTION: .....**

.....

**3. DESIGNATION: .....**

**4. ADDRESS: .....**

.....

.....

**MOBILE:** ..... **EMAIL:** .....

**5. GENDER:**       **MALE**       **FEMALE**

**6. REGISTRATION CATEGORY (Tick the category as per your category):**

**STUDENTS**       **RESEARCH SCHOLARS**

**7. PAYMENT MODE:**

**ONLINE PAYMENT**       **ON SPOT CASH**

**8. PAYMENT DETAILS:**

**Amount (in Rs.): .....**

**Deposit Date:** ..... **Transaction reference** .....

**SIGNATURE**

**(Send this Registration Form along with payment receipt to umu.iot.2020@gmail.com)**