UGC-SAP-V International Seminar on Challenges for Language Technology

(ChaLT -2020)

Registration Form

| Name of the Delegate | : |
|-----------------------------|--------------|
| Age& Sex | : |
| Designation | : |
| Address : | |
| Phone/Mobile | : |
| Email | : |
| Title of the Paper | : |
| Date and Time of Arrival: | |
| Date and Time of Departure: | |
| Accompanying Person | (s): Yes/No. |

Accommodation: Required/Not Required

Signature of Delegate