

**Registration Form for URF 2016**

**Presenter Information**

Title (Mr/Ms) : Choose an item.

Full Name :



Name for Name Tag :

Name of University or Institution :

Name of the Department/Unit/Center :

Personal Address :

Contact No :

E.Mail Address :

Title of the Paper :

**Payment Information**

Registration Fee :

Name of the Bank :

Please return the completed registration form with the scanned copy of the bank receipt to ruhunaurf2016@gmail.com

Date :………………………………