

Registration Form for conference of “Bhāskara 900”

To,

The Chairman,
VIdya Prasarak Mandal,
Dr. Bedekar Vidya Mandir,
Naupada, Thane (West) – 400602
Maharashtra, India.

Name : _____

Age : _____

Gender : _____

Organisation/ College: _____

Address : _____

City : _____ **State** : _____

Country : _____

Pincode : _____

Email Id : _____ **Registration Type:** _____

DD Amount : _____

Issuing Bank and: _____

Branch Payable at

Date of DD : _____

Signature