



ISLE 55th Annual Conference

16-18 December 2013

Registration Form

Name _____

Designation _____

University/ Organisation _____

Address _____

City _____ State _____

Country _____

Telephone (Off) _____ (Res) _____

Mobile _____ Fax _____

Email _____

Accompanying person(s) details

Name(s) _____

D.D. No. _____ Dated _____

Amount Details (in ₹/US \$) _____

Accommodation required _____ Yes/ No (please tick whichever applicable)

Send your registration forms duly filled by mail/ fax to:

Dr. Avinash Kumar

Joint Organising Secretary
55th Annual Conference of the ISLE
Centre for Informal
Sector and Labour Studies
Jawaharlal Nehru University
New Delhi- 110067

Dr. Himanshu

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