

**AICTE Training And Learning (ATAL) Programme**

**On**

**BLOCK CHAIN**

**September 16-20, 2019**

**Organized by:**

Motilal Nehru National Institute of Technology Allahabad

**REGISTRATION FORM**

Faculty Member

Industry Professional

Research Scholar

Master Research Student

Name:.....

Designation.....

Organization.....

Address for Communication

.....  
.....

Phone .....(O).....(R)

Mobile.....

Fax.....

E-mail :.....

**Accommodation Assistance required: Yes / No**

If yes, From.....To.....

Date:

Signature

(Signature of the Forwarding Authority)

(Photocopies of the Registration Form may be used)