

International Conference on Devices, Circuits and Systems - ICDCS 2012

ACCOMODATION FORM (15&16 MARCH 2012)

NAME OF THE CANDIDATE: \_\_\_\_\_

PAPER ID: \_\_\_\_\_

PAPER TITLE: \_\_\_\_\_

ADDRESS OF THE INSTITUTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NATIONALITY: \_\_\_\_\_

IF FOREIGN DELEGATE MENTION PASSPORT NO: \_\_\_\_\_

City/ Province/ State: \_\_\_\_\_

Postal/ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

TYPE OF ROOM REQUIRED: \_\_\_\_\_

NO. OF OCCUPANTS: \_\_\_\_\_

Arrival Date (mm/dd/yy): \_\_\_\_\_

Departure Date (mm/dd/yy): \_\_\_\_\_

\*\*Confirmation will be sent to above mailing address.

ROOM RENT DETAILS
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ROOM TYPE	RENT
A/C ROOM (2/1 OCCUPANTS)	INR 1000
NON A/C ROOM (2/1 OCCUPANTS)	INR 800
NON A/C ROOM (4 OCCUPANTS)	INR 1000
NON A/C ROOM (2/1 OCCUPANTS) COMMON BATHROOM	INR 300

Kindly send the filled in form to <a href="mailto:alfred@karunya.edu">alfred@karunya.edu</a>
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