

## REGISTRATION FORM



# KOAL-2016



*National Conference on*

## KNOWLEDGE ORGANISATION IN ACADEMIC LIBRARIES (KOAL-2016)

**THEME: DIGITIZATION : THE PATH TO THE PEAK**

*Jointly organised by*

**LIBRARY PROFESSIONALS ASSOCIATION (LPA) &  
P.K.DAS INSTITUTE OF MEDICAL SCIENCES**

**MARCH 09-10, 2016**

**VENUE:** PKDIMS, Academic Block, Vaniamkulam, Palakkad, KERALA-679 522

Full Name: Dr/Ms/Mr.....

Designation:.....

Name and Address of the Organisation:.....

.....

Address for Communication:.....

.....

Mobile No.....Email.....

Particulars of Payments:

Name of the Bank:.....

Rs/\$.....In words.....

DDNo.....Date.....Place.....

Signature

Date

**Address for Communication:**

### **SALEK CHAND**

Convener and Secretary, LPA, New Delhi, C/o, Sr Documentation  
Officer, NIHFWS, Munirka, New Delhi – 110067, Ph. 9868803377,  
7042503377. Email: [conferencelpaindia@gmail.com](mailto:conferencelpaindia@gmail.com)

#### **Registration Fees (per participant):**

Delegates Rs. 2000/-

Students/ LPA Members / Accompanied Persons/  
Retired Professionals Rs. 1000/

The registration fee will include conference KIT, meals, refreshment, City Tour, etc. No TA/DA and Accommodation is included.

All DDs to be made in favour of "LIBRARY PROFESSIONALS ASSOCIATION" payable at "NEW DELHI" or direct transfer to "INDIAN BANK, MEHRAULI ROAD BRANCH, NEW DELHI, SB A/C No. 964230788, IFSC CODE-IDIB000M089 (Scan copy of transfer Boucher may please mail for our record).