



International Society for Knowledge Organization (India Chapter)
12th International ISKO Conference
Categories, Relations and Contexts in Knowledge Organization
Mysore, 6th – 9th August 2012

REGISTRATION FORM

Full Name (Surname in Block Capitals): Mr. / Ms.

Job Title / Designation:

Name of the Institution:

Postal Address:

City:

State/ Province:

Country:

Postal (ZIP) Code:

E-mail ID:

Phone number:

Fax number:

Country of Residence:

Nationality (as in passport):

Passport Number (for participants who are not citizens of India):

Place & Date of Issue of Passport:

Date of Expiry of passport (YYYY/ MM/ DD):

Details of Payment of Registration fee

Demand Draft No. for (specify the amount in) Indian Rupees / US\$ _____

(Demand Draft should be drawn in favour of “**ISKO (India Chapter)**” and be payable at Bangalore).

Name of the Bank issuing the draft:

For electronic transfer of Registration fee please find the details below:

Name of the Account: **ISKO (INDIA CHAPTER)** Account No.: **04082010110324**

Name of the Bank & Branch: **Syndicate Bank, Rajajinagar Main Branch**

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IFSC code / RTGS No. : SYN0000408

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Drafts should be sent via courier / registered post to:

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