

First MUCLA State Conference

on

**Administrative, Academic & Professional Reforms of
Academic Libraries in Higher Education**

16th -17th December 2016

Registration Form

Name (In Block letters) : _____

Designation : _____

Name of the Institute : _____

_____ Pin _____

Residential Address : _____

_____ Pin _____

Contact : Land line with STD code _____

Mob. _____

Email ID : _____

Your Arrival Details

Date and Time of Arrival : _____

Arrival details : By Bus /Train/Own Vehicle

Accommodation required : Yes/No

Registration Fee Details

Registration Fee : Rs. 1800/- Name of Bank : _____

D.D. No _____ Date _____

Note : Kindly send DD in favor of **MUCLA SGBAU Sectional Council** and payable at Amravati, Maharashtra, India. *Registration fee is non –refundable and transferable*

Signature of the Participant

For Office Use

Received

Conference Kit : _____ (Signature of the Participant)

Certificate : _____ (Signature of the Participant)

(Signature of Org. Secretary)

First MUCLA State Conference

on

Administrative, Academic & Professional Reforms of Academic Libraries in Higher Education

16th -17th December 2016

COPYRIGHT FORM
(To be completed by Authors)

The authors hereby declare that, the article which is submitted for publication and presentation in the First MUCLA State Conference on “*Administrative, Academic & Professional Reforms of Academic Libraries in Higher Education*” to be held during 16 & 17 December 2016 is not published in any journals or magazine, and, is not under consideration for publication elsewhere.

The author affirms that the final paper is the author’s original work. If the work was prepared jointly, the author agrees to inform co-authors of the terms of this agreement. The author also affirms that the article contains no libelous or unlawful statements, and does not infringe on the rights of others.

Please sign and date this agreement, for jointly authored articles, all the joint authors should sign, or one of the authors should sing as an authorized agent for the others.

Title of Paper

First Author’s Name Signature.....

Second Author’s Name Signature.....

Third Author’s NameSignature.....

Fourth Author’s Name Signature.....

Official Stamps (if available)

Date:.....

Please return the signed scanned copy of this form by email on **mucla2013@gmail.com** or by post to General Secretary, MUCLA at Jalgoan.