

## Registration Form (RUSA CAST Familiarization Workshop)

Name:

Sex: Male/Female

DOB:

Photogra  
ph

Correspondence Address with Email ID & Mobile No.:

Name of Head of Department (HoD) with complete address:

Qualification: (PhD: pursuing/ completed/not started):

Designation: Scientist/ Faculty / PhD Scholar

Registration/Completion Year of PhD:

Topic of PhD Research:

Name of the PhD advisor with email and mobile number:

Attended any one of the RUSA CAST familiarization workshop in past? Yes/ No

Date of attended workshop in the past:

Attended any one of the RUSA CAST Hands on training workshop in past? Yes/ No

Date of attended workshop in the past:

Statement of Purpose: (in brief)

**(Please submit this proposal to [rusacast@bamu.ac.in](mailto:rusacast@bamu.ac.in))**

