**Registration form**

**Three days National Conference on**

**Challenges in Microbiology-2025 (CIM-2025)**

**Participant Delegate**

**On February 4-6 2025**

Name…………………………………………………………………………………………………………………………………………..

Designation…………………………………………………………………………………………………………………………………

Field of Specialization ………………………………………………………………………………………………………………..

Name of institution/Organization ………………………………………………………………………………………………

Mailing address …………………………………………………………………………………………………………………………

Ph………………………………Mobile……………………………… Email…………………………………………………………..

Title of Paper …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I’m enclosing DD No…………………………………………………………………. Amount………………………………….

Date…………………………………………….in favor of…………………………………………………………………………

Signature Date:

Mail a scanned copy of registration form to cim2025@geu.ac.in