**Registration form**

***(Duly-filled registration form should be submitted along with the abstract)***

**16th National Symposium on Radiation and Photochemistry (NSRP-2025)**

**23-25 January, 2025**

**Indian Society for Radiation and Photochemical Sciences (ISRAPS)**

**&**

**School of Chemical Sciences, NISER Bhubaneswar, Odisha**

**Name of the Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: M/F**

**Faculty/ Student (Masters/JRF/ SRF/ Research Associate)**

**Guide’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(For Ph.D. student)

**Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a member of ISRAPS? Yes / No (If Yes, Membership No: \_\_\_\_\_\_\_\_\_\_\_\_)**

**I would like to present a POSTER/ THESIS PRESENTATION\***

*(\*Few selected posters will be invited to present oral)*

**Accommodation required: Yes/No**

**Place:**

**Date: Signature**

**Please send completed form along with the abstract to:**

**Convener, NSRP-2025**

**nsrp2025@gmail.com**

*P.S: i. Strikeout wherever not applicable*

 *ii. Nature of presentation under discretion of SOC*