

66th All India Adult Education Conference at Bhubaneswar

[January 21-2, 2026]

Registration Form

| | | |
|---|-----------|--|
| Name | | |
| Age and Date of Birth | | |
| Complete Postal Address with pin code [please give in capital letters] | | |
| <u>Official</u> | | |
| <u>Residence</u> | | |
| Whether you require accommodation (Please tick the relevant one) | Yes / No | |
| Telephone Numbers | STD Code | |
| | Office | |
| | Residence | |
| | Fax No. | |
| | Mobile | |
| | e-mail | |
| Date of arrival at Bhubaneswar | | |
| Date of departure from Bhubaneswar | | |
| Date | Signature | |

