





12th Conference of

INDIAN ASSOCIATION FOR SOCIAL SCIENCES AND HEALTH (IASSH)

in Collaboration with

G.L. Gupta Institute of Public Health

University of Lucknow, LUCKNOW- 226 021 (India)

Pre-Conference Workshop: 18-20 November, 2014 Conference: 21-23 November, 2014

For Conference Enquiries: iassh2014conf@gmail.com

Website: www.iassh.org

Name: (Prof./Dr./Mr./Ms.)______ Gender: Male/ Female -------- Complete Mailing Address with Pin Code: _______PIN____ E-mail:______Mobile No: ______ Accompanying person (if any): with Gender: ______ Membership Status: Life Member: ____, Institutional Member: ____, Non-member: ____. (Two participants from Institutional Members are exempted from payment of Registration fee). Registration Fees: (Non-Refundable)

Type of Participants	Early Bird	Late	Spot Registration
	Sept. 30, 2014	Registration	(including Registrations
		Oct. 30, 2014	after Oct. 30, 2014)
Conference Registration Fee:			
Member of IASSH	Rs. 1500	Rs. 2000	Rs.3500
Non- Member	Rs.3000	Rs. 3500	Rs.4000
Accompanying Person (Spouse and Children only)**	Rs.1500	Rs.1750	Rs.2000
Pre-Conference Workshop Registration Fee			
With accommodation	Rs.1000	Rs.2000	Rs.3000
Without accommodation	Rs. 800	Rs.1000	Rs.3000
Overseas Participants	\$ 100	\$ 120	\$150

Note: Preference will be given to M. Phil / Ph. D scholars for the pre-conference workshop registration.

^{**} Efforts will be made to accommodate the accompanying person(s) if participants register well in advance (Children above 5 years of age will be considered as accompanying person).

Registration Details:	
Total amount paid: Rs	
DD No:	Bank Name
Place	Date:
Name of the Presenting author:	
*Paper submitted for:	
Oral Presentation: Po	oster Presentation: Oral or Poster
Young Scientist Research Pap	per Award: Yes No
Attending Pre-Conference wo	orkshop? Yes No
Accommodation:	
Whether accommodation require	ed? (underline and tick your requirement)
Yes: I accept accommoda	ation provided by local organizing committee
No: I need hotel reservati	on for which I am enclosing required advance amount
Or: I am making my own	stay arrangement
Travel Grant: I am exploring the possibility	of getting travel support from my organization: Yes / No
Have you received Travel Gra	ant from IASSH in the past: Yes/ No
I need travel grant from IASS	SH: Yes/ No
Date: / /	Signature:

Payment of Registration Fee

Filled in Registration form along with the Non-Refundable Registration Fee (as applicable) through a **DD drawn in favour of "Indian Association for Social Sciences and Health" or AT PAR CHEQUE or MULTY CITY CEHQUE** payable at **Mumbai**, has to be sent to the following address:

Dr. D.P. Singh (Treasurer, IASSH), Professor, Centre for Research Methodology, Tata Institute of Social Sciences, Deonar, Mumbai- 400 088