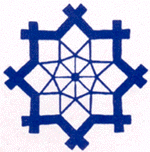
**NACLIN 2024**





**DELNET**

**Developing Library Network**

[**www.delnet.in**](http://www.delnet.in/)

**Medi-Caps University**

[www.medicaps.ac.in](http://www.medicaps.ac.in)

**27th National Convention on Knowledge,**

**Library and Information Networking**

**Smart Libraries : Inspiring, Engaging, Enabling and**

**Connecting Users, Communities for Building Knowledge Societies**

**September 25-27, 2024**

**Venue: Hotel Sayaji, Indore**

**Website:** [**www.delnetnaclin.in**](http://www.delnetnaclin.in)

**REGISTRATION FORM**

Name (in block letters): Dr./Mr./Ms./Mrs./Prof. Male Female

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Designation……………………………………..Organisation.................................................................................

Address:.........................................................................................................................................................

........................................................................................................................................................................

........................................................................................................................................................................

..........................Pincode............................State ...........................................Country ..................................

Phone: STD Code.................. Office...........................Resi .......................... Mobile .....................................

E-mail:...........................................................................................................Fax: ........................................

Kindly Indicate Whether DELNET Member: Professional Working in M.P. Res. Sch./LIS Student

(Full Time from M.P.)

   Res. Sch./LIS Student (Full Time Outside M.P.) Non Member

Preferred Food Choice: Veg Non-Veg

Payment details: I am enclosing DD / Cheque No. / NEFT ..................dated ....................for **`** .....................

drawn on DELNET, New Delhi towards participation fee of **`** ......................

Place: ........................... Date: ........................ Signature:.....................

**DELNET Bank Details :**

**Bank A/c Name: DELNET  Bank : Central Bank of India  Address : Khan Market, New Delhi-110003**

** Account No.: 1065410992 (Saving A/c)  IFS Code : CBIN0280310  UPI Ids: 10230459@cbin, delnet@sbi**

**Kindly send the Registration Form along with the payment to**

**Dr. Sangeeta Kaul, Director, DELNET, JNU Campus, Nelson Mandela Road, Vasant Kunj,**

**New Delhi-110070, India, E-mail: sangs@delnet.in, sangskaul2003@yahoo.co.in Mobile: 91-9810329992**