



**Workshop
on
"Haptics and Virtual Reality in Robotics Applications"
Registration Form**

Name:

Gender:

Student/Faculty/Research Staff:

Organization:

Designation:

Telephone :

Fax:

Email:

Educational Qualifications:

The candidate must provide a 200 word motivation as to how the workshop will benefit him/her. For students, there must be a letter from the supervisor / head of the department certifying that the student is working in the Robotics area.

Signature