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**Seminar/Research Grant**

**Intangible Cultural Heritage for Food Storage in the SAARC Region  
Annexure 1**

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**REGISTRATION FORM**

(All fields must be completed, use additional paper if required.)

**Category: (Please mark the relevant category)**

Official Nominee of ..... (Name of the SAARC Member State)

Other Participant     Category A     Category B

**Please tick the correct box. Applying for:**

**Seminar**

**Research Grant**

**Seminar and Research Grant**

**Personal Details:**

**1. Full Name (as mentioned in the National ID/Passport with surname underlined):**

**2. Nationality.**

2.1.Host Country Participants (National ID No.):

2.2.International Participants (Country and Passport No.):

**3. Contact Information**

3.1.Postal Address: Phone No/Mobile No:

3.2.WhatsApp/Viber:

3.3 Email:

**4. Institute of Affiliation, if any: Present designation:**

4.1.Name and address of the institute:

4.2.Name, designation, email and phone number(s)of the Head of the institute:

**5. Educational qualifications:**

**6. Work Experience:**

**7. Title of the Proposed Paper:**

**Place:**

**Signature**

**Date:**

**Full Name**