

**INDIAN ASSOCIATION FOR WOMEN'S STUDIES  
XVI NATIONAL CONFERENCE ON WOMEN'S STUDIES**

**National Law University, Delhi  
28<sup>th</sup> – 31<sup>th</sup> January 2020  
(27<sup>th</sup> January, Pre – Conference)**

**REGISTRATION FORM**

Please fill in CAPITALS

|                             |  |     |  |
|-----------------------------|--|-----|--|
| <b>Personal information</b> |  |     |  |
| Name (in full):             |  |     |  |
| Gender (M/F/TG)             |  | Age |  |

|                  |  |       |  |
|------------------|--|-------|--|
| Mailing Address: |  |       |  |
| City             |  | PIN   |  |
|                  |  | State |  |

|          |  |        |  |
|----------|--|--------|--|
| Landline |  | Mobile |  |
|----------|--|--------|--|

|        |  |
|--------|--|
| Email: |  |
|--------|--|

(Please mark/type X against last degree received)

|                            |     |             |  |             |  |                        |  |
|----------------------------|-----|-------------|--|-------------|--|------------------------|--|
| Educational qualifications |     | BA/BSc      |  | MA/MSc      |  | Other degree (specify) |  |
| MPhil                      | PhD | D.Litt/D.Sc |  | High School |  | < High School          |  |

|  |  |
|--|--|
| Please indicate subject/discipline of last Degree received |  |
|--|--|

|  |  |
|--|--|
| Present occupation/area of work:                 |  |
| Institution/Organisation where currently working |  |

|             |  |
|-------------|--|
| Designation |  |
|-------------|--|

(Please mark/type X in appropriate box)

|                         |     |  |    |  |
|-------------------------|-----|--|----|--|
| Are you an IAWS Member? | Yes |  | No |  |
|-------------------------|-----|--|----|--|

|                      |      |  |               |  |          |  |                         |  |
|----------------------|------|--|---------------|--|----------|--|-------------------------|--|
| If yes,<br>Category: | Life |  | Institutional |  | Student* |  | Year of<br>Registration |  |
|----------------------|------|--|---------------|--|----------|--|-------------------------|--|

(\*Students membership is valid only for 3 yrs. from the date of registration or attaining 35 yrs of age whichever is earlier)

\* for student ID and age proof required

**Important Notice to students: Students may note that the age limit is 35 years as on 01-01-2020 and we will be in no position to accept the registration as students even if you are pursuing Ph.D. after 35 years of age.**

|  |  |
|--|--|
| Life members may please mention Membership No. |  |
|--|--|

Please type/mark X in appropriate category:

|                 |  |              |  |                            |  |
|-----------------|--|--------------|--|----------------------------|--|
| Paper Presenter |  | Participant  |  | Sub-theme<br>Coordinator   |  |
| EC member       |  | OC/RC member |  | Plenary session<br>speaker |  |

|                               |     |  |    |  |
|-------------------------------|-----|--|----|--|
| Do you require accommodation? | Yes |  | No |  |
|-------------------------------|-----|--|----|--|

|  |     |  |    |  |
|--|-----|--|----|--|
| If yes, any special assistance required? | Yes |  | No |  |
|--|-----|--|----|--|

If yes, please mark/type X in appropriate category/ box:

|                   |  |                      |  |                          |  |                                   |  |
|-------------------|--|----------------------|--|--------------------------|--|-----------------------------------|--|
| Senior<br>Citizen |  | Differently<br>abled |  | Wheel Chair<br>traveller |  | Any other<br>(Please<br>Specify): |  |
|-------------------|--|----------------------|--|--------------------------|--|-----------------------------------|--|

|                                |     |                          |    |                          |                      |                          |
|--------------------------------|-----|--------------------------|----|--------------------------|----------------------|--------------------------|
| Do you need crèche facilities? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If yes, age of child | <input type="checkbox"/> |
|--------------------------------|-----|--------------------------|----|--------------------------|----------------------|--------------------------|

|  |  |
|--|--|
| <p style="text-align: center;"><b>Diversity Information:</b></p> <p>We would be happy if you could share some information about your social background/origins. Do so only if you are comfortable with such sharing. The categories referred to are frequently used in research and teaching in women's studies/social sciences, and this is an exploratory exercise to understand both composition as well as variations in how the women's studies community uses/perceives these categories</p> | 1. Your class, caste, tribe, religious community origins (parents' generation) |
|  | 2.State of Origin:   |
|  | 3.Mother Tongue:   |
|  | 4. Medium of your school education:  |
|  | 5. Your location in childhood:   |
|  | 6. Current location:   |

|       |                          |       |                          |
|-------|--------------------------|-------|--------------------------|
| Rural | <input type="checkbox"/> | Urban | <input type="checkbox"/> |
|-------|--------------------------|-------|--------------------------|

|       |                          |       |                          |
|-------|--------------------------|-------|--------------------------|
| Rural | <input type="checkbox"/> | Urban | <input type="checkbox"/> |
|-------|--------------------------|-------|--------------------------|

**\*Any additional information you may like to share may be added at the end of the form.**

### Registration Fees

| Categories | IAWS Life Members                 | Rates |
|------------|-----------------------------------|-------|
| <b>A</b>   | Life Member with accommodation    | 3000  |
| <b>B</b>   | Life Member without accommodation | 1600  |
| <b>C</b>   | Non-member with accommodation     | 4500  |
| <b>D</b>   | Non-member without accommodation  | 2400  |

|          |  |      |
|----------|--|------|
|          | <b>Up to 3 participants from Institutional Members may each avail of the same rates as individual life members</b> |      |
|          | <b>Concessional Rates for Students<br/>(Student ID card required)</b>  |      |
| <b>E</b> | IAWS Member with accommodation   | 1000 |
| <b>F</b> | IAWS Member without accommodation  | 400  |
| <b>G</b> | Non-member with accommodation  | 1200 |
| <b>H</b> | Non-member without accommodation   | 500  |

**Details of Payment:**

DD/ Cheque/NEFT  Date:  Rs.

In case of NEFT: UTR No  Dated:

Note: Please mention the applicants name & city along with UTR details  
Cheque /Draft may be made in favour of **Indian Association for Women's Studies**

Bank:  Branch:

Place:  Date:  Signature\*:

(\*For online registration, signature is not mandatory)

Please ensure that the Registration form is completed and sent to the following address:

**The General Secretary**

**Indian Association for Women's Studies (IAWS)**

C/o KSP Women's Studies Centre, Savitribai Phule Pune University, Ganeshkhind, Pune 411007.

Or mail to: [iawsconf2020@gmail.com](mailto:iawsconf2020@gmail.com)

Note: Hard copy is not necessary if the Form is sent by email.

**BANK DETAILS FOR NEFT TRANSFER**

|                     |   |
|---------------------|---|
| NAME OF BENEFICIARY | <b>INDIAN ASSOCIATION FOR WOMEN'S STUDIES</b> |
| BANK NAME           | <b>INDIAN OVERSEAS BANK</b>                   |

|                     |   |
|---------------------|---|
| BRANCH OF BANK      | GOLE MARKET                                   |
| ADDRESS OF THE BANK | 94, BANGLA SAHIB ROAD, NEW DELHI – 110 001    |
| TYPE OF ACCOUNT     | SAVINGS BANK ACCOUNT                          |
| ACCOUNT NUMBER      | <b>084001000015104</b>                        |
| IFS CODE            | <b>IOBA0000840</b>                            |
| SWIFT CODE          | IOBAINBBA997                                  |
| BY CHEQUE/DD: NAME: | <b>INDIAN ASSOCIATION FOR WOMEN'S STUDIES</b> |