

**REGISTRATION-CUM-PURCHASE FORM FOR IPhO 2015 EXPERIMENTAL KITS**

A) Name and Address of the Head of the Institution/Department:.....

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.....

Phone / Mobile Number: .....

E-mail ID: .....

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Name and Complete Postal Address with PIN code on which the Proforma Invoice and kit should be sent:

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B) CONTACT DETAILS of the Faculty member who will use the experimental kit/user single point contact:

Name and Complete Postal address:.....

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

Phone/Mobile Number: .....

E-mail ID: .....

.....

C) I/We would like to register our request to purchase ..... (number/quantity) of experimental kits. I/we agree to make the full payment (in advance) of total Rs. .... by bank transfer or DD.

Signature: ..... Name: ..... Date: .....

For Office use only	
Amount received: .....	Number of kits dispatched: .....
Signature: .....	Date of Dispatch: .....

Please send (hard or soft copy by email) your completed REGISTRATION-CUM-PURCHASE FORM to reach HBCSE, MUMBAI ASAP and not later than July 10, 2017. Please do not send the payment at this stage. HBCSE will send you the details of the payment by email.

Address for sending the form:

Mr. Santosh L. Rasam,  
Homi Bhabha Centre for Science Education  
Tata Institute of Fundamental Research  
V. N. Purav Marg, Mankhurd  
Mumbai, 400088, INDIA

Email: [slr@hbcse.tifr.res.in](mailto:slr@hbcse.tifr.res.in)