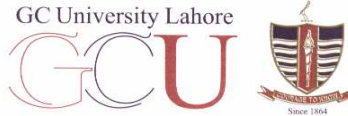


Abdus Salam School of Mathematical Sciences



DIPLOMA FOR ACADEMIC EXCELLENCE IN MATHEMATICS (ALGEBRA)

October 23 – November 5, 2008

REGISTRATION

Name of the participant: _____

Designation: _____

Name of the Institution: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Applicants Signature

Date: _____

.....

CERTIFICATE BY THE CHAIRMAN OF THE DEPARTMENT/REGISTRAR OF THE UNIVERSITY / PRINCIPAL OF THE COLLEGE

I the undersigned have nominated _____ to participate in
Diploma for Academic Excellence in Mathematics (DAE Math) for Algebra, Oct. 23 – Nov. 5, 2008.

Signature & Office Stamp

Name: _____

Designation: _____