

REGISTRATION FORM

AN EXPOSITORY WORKSHOP

on

Number Theory and Allied Areas in Mathematics

(followed by a series of courses delivered by the world-class experts)

*Abdus Salam School of Mathematical Sciences
68-B, New Muslim Town, Lahore Pakistan*

Full Name	
Designation	
Gender	
Institution	
Address	
City	
Stat/Province	
Zip/Postal Code	
Country	
Phone	
Fax	
Mobile	
Email	
Which section you want to attend:	Please tick (✓)
Workshop <input type="checkbox"/>	
Courses <input type="checkbox"/>	
	• Analytical Number Theory (F. Luca) <input type="checkbox"/>
	• Introduction to Additive Combinatorics (G. Bhowmik) <input type="checkbox"/>
	• A Course on Finite Fields (M. Waldschmidt) <input type="checkbox"/>
	• Distribution of prime numbers (J. J. Urroz) <input type="checkbox"/>
	• Further selected topics on finite fields (F. Pappalardi) <input type="checkbox"/>
	• Title will be announced later (O. Ramaré) <input type="checkbox"/>
	• Title will be announced later (P. Arnoux) <input type="checkbox"/>

Applicants Signature

Date: _____

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

I the undersigned have nominated _____ to participate in An Expository Workshop on Number Theory and Allied Areas in Mathematics/ Courses marked above.

Signature & Office Stamp

Name: _____

Designation: _____