**Abstract Code:** *(To be inserted by the conference committee)*

**Abstract for Workshop/Colloquium/Awareness Session**

|  |
| --- |
| **\*This section is to be filled in by the corresponding author in case of multiple authors. Please mention all authors’ names, institutional affiliation and contact details in the last section.** |
| **Corresponding Author Information** |
| **Name:** |
| **Designation:** |
| **Institutional Affiliation:** |
| **Email:** |
| **Alternate Email:** |
| **Contact No.** |
| **Subtheme:** *(Please select one of the subthemes given in the call for paper/proposal)* |
| **Topic:** *(Please select one of the topics given under the selected subtheme in the call for paper/proposal)* |
| **Type of Presentation: Workshop Colloquium Awareness Session**  **Documentary Other:** *(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Title:** [10 words maximum] |
| **Abstract:** *(Please provide an abstract of max. 500 words comprising of the following components):*   1. *Theme / Background* 2. *Aims and objectives* 3. *Target audience* 4. *Plan of workshop/colloquium* 5. *Tasks /activities for the participants (for workshop)* 6. *Major themes/topics covered (for colloquium & sessions)* 7. *Conclusion* |
|  |
|  |
| **Key words:** *(Please insert 3-5 keywords)* |
| **Presenter /Resource Person 1:**  **Name:**  **Institutional Affiliation:**  **Designation:**  **Email (main and alternative):**  **Contact No.** |
| **Presenter /Resource Person 2:**  **Name:**  **Institutional Affiliation:**  **Designation:**  **Email (main and alternative):**  **Contact No.** |
| *(please add here if there are more authors)* |