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

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

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| **\*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*
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| **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)* |