

TWO DAY WORKSHOP

EXPLORING BINARY STARS USING GROUND AND SPACE BASED OBSERVATORIES

OCTOBER • 22-23 • 2021

Department of Astronomy
Osmania University

In association with

DST-SERB

Scientific Social Responsibility

Financial Support: DST-SERB & Osmania University

Venue: Department of Astronomy, Osmania University

INAUGURATION

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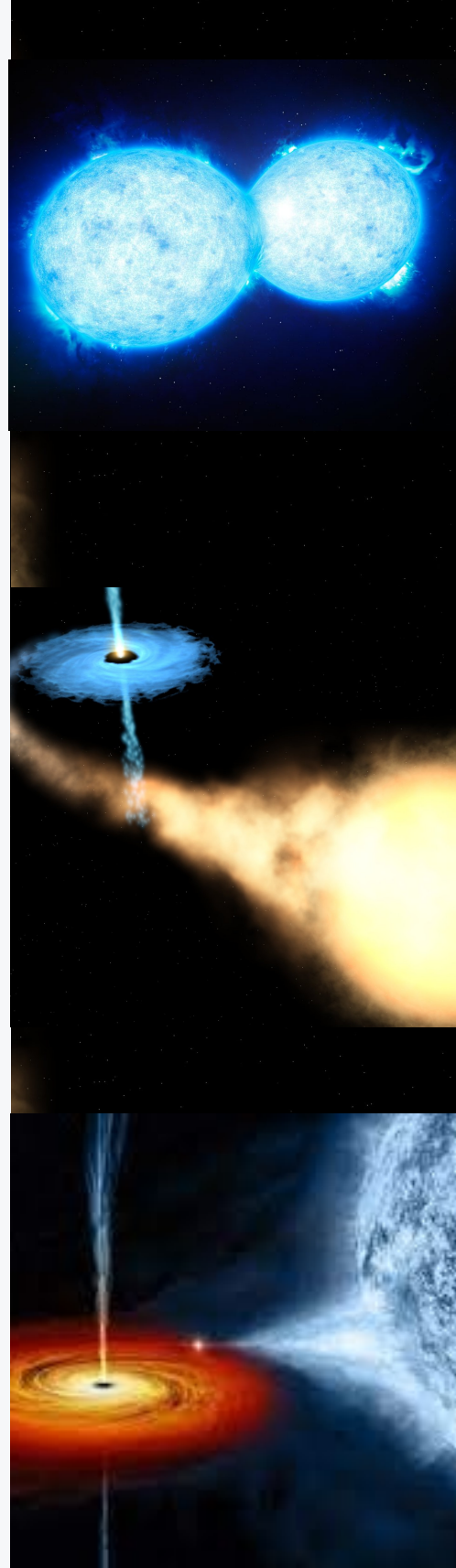
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ORGANISING COMMITTEE

Dr. K. Chenna Reddy, Assistant Professor, Chairperson BOS

Dr. J. Rukmini, Assistant Professor

Mrs. A. Vijaya, Assistant Professor

Mr. A. Mahender, Assistant Professor (C)

About the workshop

Offers lectures and hands-on sessions on binary stellar systems ranging from detached binary stars, Black hole and Neutron star binaries to contact binary star and, exoplanets. Offers sessions on handling and working on data from ground-based telescopes like VBT, JCBT, HCT, etc. and space-based telescopes like Kepler, AstroSat, TESS etc. Certificates will be awarded to the participants.

Topics

- Binary stellar systems
 - Formation, evolution and end-stages
 - Black hole and Neutron star binaries
 - Contact binary stars
- Exoplanets
- Data handling:
 - Ground-based telescopes: VBT, JCBT, HCT, etc.
 - Space-based telescopes: Kepler, AstroSat, TESS etc.

Targeted Participants

Faculty (UG & PG) and Research scholars from Physics, Applied physics and Allied Physical Sciences

Registration details

Please send the filled-in registration form to

Email: astrosriram@yahoo.co.in,

edusysriram@gmail.com

Ph No.: 7702106240, 6300379520

Last date :20th October, 2021, 12 Noon

Programme:

Day 1

09:00-09:30	Registration
09:30-10:30	Inauguration
10:30-11:15	Keynote Address
11:15-11:30	Tea break
11:30-13:00	Session 1
13:00-13:45	Lunch
13:45-15:00	Session 2
15:00-15:30	Session 3
15:30-16:00	Session 4
16:00-16:15	Tea break
16:15-17:00	Session 5

Day 2

10:00-11:30	Session 1
11:30-13:00	Session 2
13:00-13:45	Lunch
13:45-15:00	Session 3
15:00-15:30	Session 4
15:30-16:00	Session 4
16:00-16:15	Tea break
16:30-17:00	Discussion
17:00-17:30	Certificate Distribution (Valedictory)

Registration form

First Name: _____

Surname : _____

Gender: Male () Female ()

Qualification: _____

Current Position: _____

Institution/Organization: _____

Mailing Address: _____

Mobile/Landline Number: _____

Email: _____

What is/are the reasons you want to participate in this workshop:

What are your expectations from this workshop:

Are you interested in collaborative Projects/programs: _____

Note: No registration fee.

