

## Workshop on Advanced Techniques in Life Sciences

24-25<sup>th</sup> October, 2014



### Registration form

(Photocopy of this form is acceptable)

Name (In Block letters): .....

Designation: .....

Name of the Institution: .....

.....

Sex: .....Date of birth: .....

Academic qualification: .....

Experience: .....

Address for Correspondence: .....

.....

.....

Phone no: ..... Mob. ....

E-mail: .....

Whether accommodation is required: .....

Place:

Date:

**Signature of the Applicant**