

**Advance Techniques in Surveillance and Control of Vector Borne Diseases**

National Institute of Malaria Research  
Sector-8 Dwarka, New Delhi-110077

29<sup>th</sup> January - 23<sup>rd</sup> February 2018

Registration Form:

1. Name: \_\_\_\_\_

2. Designation: \_\_\_\_\_

3. Address of institution \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Qualification: \_\_\_\_\_

5. Give brief detail how this training would be useful for your organization:

6. Recommending authority Name and Designation: \_\_\_\_\_  
\_\_\_\_\_

7. Recommending Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Signature of Recommending authority with Seal: \_\_\_\_\_

9. Attach one-page CV along with this form

(Signature of Candidate)