

WORKSHOP REGISTRATION FORM

***Molecular Diagnosis of Human Viral Infectious Diseases***

*(Please fill the form and send its scanned copy)*

Photograph

**Name**  Male  Female

Qualification

Address

Email Address

Contact No

Current Designation

Name of Institute/college/laboratory

WORKSHOP REGISTRATION FEES: INR 8000=00 (Eight thousand rupees only)

**Account Name:** Molecular Diagnostic Workshop 2019; **Account No.**: 936320110000295.

**Bank**: Bank of India (BOI), Tatibandh branch, Raipur

**IFSC code**: BKID0009363; **MICR code**: 492013010

Mode of payment: NEFT  RTGS  DD 

Details of payment:

Date:

Place:

The Registration form must be accompanied by:

1. Brief CV of the candidate

Signature

***The accommodation will be provided on request by the selected candidates on payment basis in nearby hotels***