**Workshop on**

**Fundamentals of Biomedical Research Methods**

**December 20 to 22, 2017**

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**Registration Form**

***Name ……………………………………………………………………***

***Age ……………………………………………………………………***

***Gender (Male / Female) ……………………………………………………………………***

***Current Education ……………………………………………………………………***

***Organization ……………………………………………………………………***

***Education Background ……………………………………………………………………***

***Address ……………………………………………………………………***

***……………………………………………………………………***

***……………………………………………………………………***

***Contact (Mobile) No. ……………………………………………………………………***

***Email*** *……………………………………………………………………*

**Expectations from the Workshop:**

**Details of Registration fee: Rs. 1500/=**(In favour of **Indian Public Health Association, payable at Kolkata)**

DD No: Bank: Issue Date:

Amount: Rupees in words:

**NEFT may be done:-**

**Name of Account :** Indian Public Health Association

**Name of Bank :** IDBI Bank Limited

**Branch Address :** Girish Park Branch, Meridian Plaza

209, Chittaranjan Avenue, Kolkata- 700006

**Account No. :** 0196104000053084

**IFSC Code :** IBKL0000196

**MICR Code :** 700259010

**Signature of Candidate**