

REGISTRATION FORM

Regional Workshop on 'Research Methodology'

Organized by Division of Research & Medical Education Unit, NEIGRIHMS

8th & 9th Septmeber, 2017 (Friday & Saturday)

Name : Mr. / Ms. / Mrs. / Dr. _____

Age _____ Gender _____ Designation _____

Department _____

Address _____

_____ Food Preference : Veg / Non-veg

E-mail _____

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No. _____

Date : _____ Bank _____

Place:

Signature of Applicant

Date :

Registration fee : Rs. 500 /- (Till 31st August, 2017)

After 31st August, 2017 & **Spot registration : Rs. 1000 /-**

Registration fee includes course material, lunch & snacks.

Corresponding Address

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Sub-Dean (Research)

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Contact for Registration

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