**HANDS-ON TRAINING IN ADVANCED MOLECULAR BIOLOGY TECHNIQUES**

20th -25th January 2020

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Name: |  |
| Designation: |  |
| Official address: |   |
| E-mail id: |  |
| Contact No: |  |
| Research/ Teaching experience: |  |
| Accommodation: Yes/No: |  |
| **Payment Details** |  |
| Date of transfer: |  |
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| NEFT Details (Transaction ID): |  |
| Signature:Place and date |  |