

Date:

Workshop on Polychromatic Flow cytometry and Cell Sorting September 10-12, 2018



Signature of Applicant

Registration Form			
Application Category:		s/ Ph.D/ MD or post- doctrol fellows om academic institutes and hospitals ate organizations	
PERSONAL DETAIL		J	
Name:		(in capital letters)	
Gender:Title (Prof./Dr./Mr./Ms.):Designation:			
Institution/Lab:			
City:	Pin Code:		
Landline:	Mobile:		
Email:			
OTHER DEATAILS			
*Will you need accommodation in NIRT Guest House /World University service center? YES / NO Are you routinely performing flow cytometric assays? YES /NO (if yes, Please give a details on your SOP next page)			
PAYMENT DETAIL (only for shortlisted candidates) Registration fee: Rs. 5,000.00			
Demand Draft Details (In Favor of THE DIRECTOR, NIRT, CHENNAI)			
Amount: Rs.	Number:		
Date:	Bank:		
For those applying in Student's Category			
Supervisor's Name:			
Mobile: Ema	il-id:	Signature	
Place:			

STATEMENT OF PURPOSE:		
(Research interest and why do you want to join this workshop-150 words)		
Place:		
Date:	Signature of Applicant	

For further detail and help:

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