



# Guwahati Biotech Park

Discovering through Partnership

## Short Term Training Program on Analytical Instruments & their Application (GCMS, LCMS & HPLC)

20, 21 & 22 January, 2020

### Registration Form

Name: \_\_\_\_\_

(In Block Letters)

Father's/Mother's name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Address for Communication: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Qualification: \_\_\_\_\_

Institution and/or Department presently studying/associated: \_\_\_\_\_

\_\_\_\_\_

*I hereby declare that the information provided above is true to the best of my knowledge.*

**(Signature of the applicant with date)**

#### General Information for Applicants:

1. Applicants need to submit filled-in *Registration Form, Registration Fee & a copy of Identity proof* (I-Card etc)
2. The Registration fees may be submitted in the form of **Demand Draft (DD)** or **Bank Transfer/NEFT**
3. For detail instructions including DD details/ bank details etc please see '**Brochure-GBP CAIF Training-Jan2020**'

#### For Office Use Only

Registration Form No: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: (Demand Draft/NEFT/Bank Transfer); Amount: \_\_\_\_\_

(Demand Draft Details: DD No.: \_\_\_\_\_ Dated: \_\_\_\_\_ Bank: \_\_\_\_\_)

(NEFT/Bank Transfer details : \_\_\_\_\_)

*(Please enclose copy of bank transfer/NEFT slip)*

**F / A Section, GBP**

**Signature of the Coordinator/In-charge**