



Guwahati Biotech Park
Discovering through Partnership

Short Term Training Program on Analytical Instruments (GCMS, LCMS & HPLC Systems)
15-17 March, 2016

Registration Form

Name: _____

(In Block Letters)

Address for Communication: _____

_____ Phone No.: _____

Email: _____

Permanent Address: _____

Academic Background: _____

Institution and/or Department presently studying/ associated: _____

Passport size
photograph

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 this filled-in Registration Form, the Registration Fee, copy of identity proof (I-Card etc) and one extra passport size photograph to **'The Chief Executive Officer, Guwahati Biotech Park, Technology Complex, IIT Guwahati, Guwahati-781039'**.

2. The Registration fees may be submitted in Cash or in the form of Demand Draft (DD) drawn in favor of **'Guwahati Biotech Park Incubation Centre'** payable at **Guwahati**. The Registration Fee is Non refundable.

For Office Use Only

Registration Form No:

Date:

Fee: (Cash/ Demand Draft); Amount:

(Demand Draft Details: DD No.: _____ Dated: _____ Bank: _____)

F / A Section, GBP

Signature of the Coordinator/In-charge

Address: Guwahati Biotech Park, Technology Complex, IIT Guwahati, Guwahati-781039
Tel: +91-361-2690227/228/229; **Fax:** +91-361-2690227 **Email:** info2gbp@guwahatibiotechpark.com
Website: www.guwahatibiotechpark.com