



Guwahati Biotech Park
Discovering through Partnership

Hands on training program on
CONFOCAL LASER SCANNING MICROSCOPY
3-5 February 2016

Registration Form

Name: _____

(In Block Letters)

Father's Name: _____

Permanent Address: _____

Address for Communication: _____

Phone No.: _____ Email: _____

Educational Qualification: _____

Name of the Institution: _____

Passport size
photograph

I hereby declare that the details provided are true to the best of my knowledge.

(Signature of the applicant with date)

General Information for Applicants:

1. Applicants need to submit the filled in Registration Form along with the Registration Fee.
2. The Registration fees may be submitted by Cash or by Demand Draft (DD). DD shall be drawn in favor of 'Guwahati Biotech Park Incubation Centre' payable at Guwahati.
3. Applicants unable to participate due to limited intake capacity may accommodate for next training programs which will be organized subsequently as per further announcements in the website of GBP.

For Office Use Only

Registration Form No:

Date:

Fee: (Cash/ Demand Draft); Amount:

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

F / A Section, GBP

Signature of the In-charge Scientist

Address: Guwahati Biotech Park, Technology Complex, IIT Guwahati, Guwahati-781039

Tel: +91-361-2690227/228; Fax: +91-361-2690227

Email: info2gbp@guwahatibiotechpark.com

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