



Guwahati Biotech Park
Discovering through Partnership

Hands on training program on
**CONFOCAL LASER SCANNING MICROSCOPY AND
ITS APPLICATIONS**

Date: 26-27 December 2018

Registration Form

Name: _____

(In Block Letters)

Father's Name: _____

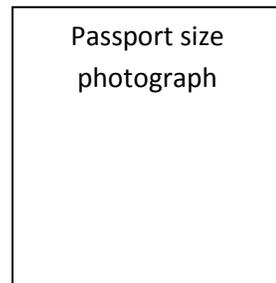
Permanent Address: _____

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 Fees. The Registration Fee is Non refundable.
2. The Registration fees may be submitted by Demand Draft (DD) or NEFT transfer as per the details available in brochure. DD shall be drawn in favor of 'Guwahati Biotech Park Incubation Centre' payable at Guwahati.
3. Please mention the source of information (Please Tick): 1)Facebook..... 2)Newspaper Ad..... 3)Website.....

For Office Use Only

Registration Form No:

Date:

Fee: (Demand Draft/NEFT Details); Amount:

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

F / A Section, GBP

Signature of Program Coordinator

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

Tel: 91-361-2690228/9954757390/9101691030 (M), Website: www.guwahatibiotechpark.com