



Guwahati Biotech Park

Discovering through Partnership

**Short Term Training Program on Analytical Instruments & their Application (GCMS, & HPLC)
12-13th October & 9-10th November, 2017**

Registration Form

Please mention the preferred dates: 12-13th October: 9-10th November, 2017:

Name: _____
(In Block Letters)

Father/Mother's name: _____

Permanent Address: _____

Please paste
Passport size
photograph here

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-CAIF Training-Oct-Nov2017**'

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