

REGISTRATION FORM

(Hard-copy to be submitted along with the DD after the selection)

**1-Week Workshop
on
Medical Signal & Image Processing (MSIP-2018)
Feb 04- 10, 2018**

- 1) Name: _____
- 2) Designation: _____
- 3) Organization: _____
- 4) Qualification: _____
- 5) Address for Correspondence: _____
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- 6) Mobile No: _____
- 7) Email Id: _____
- 8) Gender: _____
- 9) Accommodation Required: (Y/N?) _____
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- 10) Registration Fee: _____
- 11) DD No. and Date: _____
- 12) Bank: _____
- 13) City: _____

Date:

Signature of Applicant

Place:

Note:

- 1. Please attach a copy of valid proof of studentship with this registration form, if you are a research scholar / student.**
- 2. All participants need to provide photocopy of the AADHAR card/ any government issued ID card along with this form.**