

WORKSHOP ON

Application of Data Mining Techniques

in

Bioinformatics (DMTB)

December 03 – 05, 2009

REGISTRATION FORM

(Please fill in capital letter)

Name:

(First Name)

(Middle Name)

(Last Name)

Organisation:

Designation:

Mailing Address:

.....

.....

..... PIN

Phone: (Office):

(Residence)..... Mob:.....

Fax: Email:.....

Encl: DD No. Dated..... On

(Bank)

Accommodation if required: YES / NO

(If yes mention the duration)

Date and time of arrival:

Signature of candidate

Signature of Head/Faculty of the Department