

Registration Details

Registration Fee (Includes Courseware, Lunch & Tea): Rs 2000/-

Interested participants are requested to fill the registration form and send the same to the coordinators. Registration fee will be accepted by Demand Draft drawn in favor of “MDRL WORKSHOP”, payable at Dibrugarh along with the completed registration form. Number of registration is limited and the selection is based on first come first serve basis. Registration fee does not include accommodation charge.

Registration fees can also be paid through online payment to the following account-

Account Name : MDRL WORKSHOP
Bank Name : State Bank of India, Assam Medical College Branch, Dibrugarh
Savings account no. : 33369776036
IFSC code : SBIN0010672

(Please send the online payment transaction details/snapshot along with the filled registration form.)

Last date of registration: 10th February, 2018

Accommodation: Delegates are requested to arrange for their accommodation on their own. Limited paid accommodation on sharing basis is available in AMC guest house subject to availability.

Address for communication:

Coordinators
“Molecular Methods in Diagnosis & Research” Workshop
Department of Microbiology
Assam Medical College, Dibrugarh, Assam, Pin -786002

Coordinators: Prof (Dr.) Lahari Saikia
Professor & Head
Department of Microbiology
Assam Medical College, Dibrugarh
Contact: 9435032051

Dr. Arun Jyoti Samah
Demonstrator,
Department of Microbiology
Assam Medical College, Dibrugarh
Contact: 9435657928

Contact Person: Mr. Parag Ranjan Bhuyan (9854309292)

Who Can Participate?

- Faculty Members of Medical Colleges
- Post Graduate Students of Medical Colleges
- Research Scholars

For details please log in to www.assammedicalcollege.in

Three Days Hands on Workshop On
“Molecular Methods in Diagnosis & Research”

19th- 21st February, 2018

Registration Form

Name:

Designation:

Organization:

Address for Correspondence:

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Phone:

E-mail:

Payment Details

Amount:

DD No:

Date:

(In favor of “MDRL WORKSHOP”, payable at Dibrugarh)

Name of Bank & Branch:

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Date:

Signature

Head of the Department