



RAMABAI BARLINGAY SCHOOL OF BIOTECHNOLOGY

Organizes a Workshop



Hands-On Training On HANDS ON DNA

REGISTRATION FORM

Name: Prof./Dr./Mr./Mrs./Ms. _____

Age: _____ years Sex: Female / Male

Designation: _____

Faculty/ Department: _____

Institution/College: _____

Address for Communication: _____

City: _____ State: _____

Pincode: _____

CONTACT DETAILS:

Landline: _____

Mobile: _____

Office: _____

E-mail: _____

Accommodation Required: Yes / No

Registration fee: _____ (in cash)

Date: _____

Participant's Signature