

REGISTRATION FORM



B.V. Patel PERD Centre

**Workshop
on
Basic Cell Culture
Hands on training programme
October 10 - 12, 2018**

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

Educational Qualification: _____

Designation: _____

Organization: _____

Work Address: _____

Phone: _____ Fax: _____

Email: _____

Area of Interest: _____

Why you wish to attend this workshop? _____

Registration Fees

*DD/Multicity Cheque No: _____ Amount _____

Bank: _____

Signature: _____

* In favor of "Shri B.V. Patel Education Trust" payable at Ahmedabad
RTGS & NEFT details are available on request