

**Department of Epidemiology
Centre for Public Health
Workshop on Advanced EPIDEMIOLOGY
July 22nd -26th, 2019
REGISTRATION FORM**

- 1. Name:**
- 2. Designation:**
- 3. Organization/ Institution:**
- 4. Registration fee details:**

DD NO:

Drawn on date:

Bank:

Branch:

- 5. Address:**

- 6. Email:**

- 7. Telephone:**

- 8. Expectation out of this workshop:**

- 9. Accommodation: Required / Not required**

Signature