

REGISTRATION FORM

7-Day Workshop on Advanced Techniques in Biological Sciences 6-12 December, 2016

Name : _____

Name & Address of the Institution: _____

: _____

: _____

Gender : Male ☐ Female ☐

Telephone : Off. _____ Res. _____

Mobile : _____ Fax _____

E-mail: _____

Category : Students & Research Scholars ☐
 Faculty of Bioscience ☐

Payment Option : Cash ☐ DD ☐

Enclosed please find a D.D. of Rs. _____ (Rs. _____
_____ only) bearing no. _____ dated _____ drawn
on _____, and payable at Jaipur in favour of **The IIS University, Jaipur.**

Photocopies of registration form will also be accepted.

Signature

Address for Correspondence
The IIS University
SFS, Gurukul Marg, Mansarovar, Jaipur-302020
Ph : 0141-2397906, 2400160, 2400161
Email : crit@iisuniv.ac.in