

REGISTRATION FORM



DBT SPONSORED TEACHER/RESEARCHER SHORT-TERM TRAINING COURSE (STTC)

On

PHARMA INNOVATIONS FOR BETTER PERSPECTIVE IN HEALTH CARE (PIBPH-19)

TWO WEEKS PROGRAM (JUNE 10-22, 2019)

Name (Dr./Mrs./Ms./Mr):.....
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Designation.....

Department/ Institution.....

Address for Communication.....
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Mobile/Phone:.....

Email:.....

Qualification:.....

Signature of the candidate

Signature of Head of Institution/Research supervisor

Seal
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(NB: Fill the form in BLOCK Letters and send by email to Dr.K.Vijaya Sri, (Course Director) pihvijdbt19@gmail.com or vijayasree_2002@yahoo.co.in /post. Xerox copy of form may be used.)

All the applicants are advised to state the purpose of attending a training program (150 words) Selection would be based as per DBT guidelines.