



Central University of Punjab, Bathinda

Department of Biochemistry and Microbial Sciences

Workshop on “Functional Proteomics” October 08-09, 2018

Registration form

1. Name (Prof./ Dr./ Mr./ Mrs./ Miss).....
2. Gender:
3. Educational Qualification:.....
4. Affiliation:.....
5. Contact Info: Address:.....
Email ID:.....
Landline No..... Mobile:
6. Mode of Payment for Registration (Amount: Rs.1000/-) : Demand Draft No./Cheque No.
_____ Dated: _____ favouring “CUPB Functional Proteomics”
7. Why you are interested in the workshop:.....
.....
.....

Signature

Date & Place

Note: The original form has to submitted at the time of registration and a scanned copy of the duly filled form along with Demand Draft /Cheque should be sent through e-mail to workshopcupb@gmail.com by **October, 05, 2018.**

Acknowledgement of fees

Received Rs. 1000/- (Rupees One thousand only) from.....
Department.....as Registration fees for the workshop on “Functional
Proteomics” held at CUPB on October 08-09, 2018.

Signature (Workshop Coordinator)

Signature (Workshop Convener)