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Workshop on Medical Imaging
October 27, 2014 – October 31, 2014

PARTICIPANT REGISTRATION FORM

1. Name*: 2. Gender*: Male / Female

3. Affiliation*:
(Attach Identity Proof)

3. Designation with address*:
.....
.....

5. E-mail*:
Phone (Mob.): Phone (Resi.):

6. Date of Birth*:

7. Highest Academic Qualification*:

8. Accommodation Required (Yes/No)*: If "Yes" then

Type of accommodation**:
At **Technology Guest House / Visveswaraya Guest House** [Strike off which does not apply]

9. Registration fee* (In favor of **CEP-STC, IIT Kharagpur** payable at **Kharagpur**):

Demand Draft (DD) No.: Date of issue:

Drawn on Bank: Branch:

Date:

Place:

Signature of the Applicant

*indicates the fields are mandatory.

**Visit <http://cse.iitkgp.ac.in/~pralay/conf/WIM2014/accommodation.htm> for accommodations.

Mail filled form, copy of identity proof and DD to:

Prof. Jayanta Mukhopadhyay
Department of Computer Sc. & Engineering
Indian Institute of Technology Kharagpur
West Bengal, PIN – 721302

Registration Fee:

INR 8,000/- (For Students)
INR 10,000/- (For Academics)
INR 12,000/- (For Industry)