

Data Mining and Image Analytics for Medical Informatics
8th April 2013 to 12th April 2013
REGISTRATION FORM

1. Name :.....
2. Gender: Male / Female :
3. Institution/Company:
(Attach Identity Proof)
3. Designation :.....
4. Address:
.....
.....
5. Phone (Mob.) :.....
Phone (Resi.) :.....
E-mail (Compulsory) :.....
6. Date of Birth :.....
7. Highest Academic Qualification:
8. Accommodation Required (Y/N):.....

Demand Draft No. :
Drawn on Bank :
Branch :
Date of issue :

Date :

Place :

Signature of the Applicant