Workshop on

Designing Medical Research & Thesis- 2014

Venue: Dr. Ramlingaswami Board Room, AIIMS
Dates: 26 & 27 July 2014 (Saturday & Sunday)

Few Seats are available
(On first-cum-first serve basis)

Registration Fee: Rs.2000 (Two Thousand) /- participant

For more details please contact:
Clinical Epidemiology Unit
Room No-91, Ground Floor, Near Examination Section, AIIMS
Ansari Nagar, New Delhi-110029
Tel: 011-26594436, 26588434
Email: dmrt.aiims@gmail.com
Designing Medical Research & Thesis- 2014

Workshop Organized by

Clinical Epidemiology Unit (CEU)

Venue: Dr. Ramlingaswami Board Room, AIIMS

Dates: 26th & 27th July 2014 (Saturday & Sunday)

Workshop Contents: Introduction to design and conduct of diagnostic, prognostic, aetiologic and therapeutic studies, using cross-sectional, case-control, cohort and randomized clinical trial designs

Workshop Format: Plenary interactive sessions, small group work, question-answer sessions and presentations by participants

Number of Seats: 60 (Sixty only) on First-Come-First-Serve basis

Who should attend? Faculty Members, Residents, Research Scholars, Scientists and Students of Medical College.

Registration Form: Can be downloaded from AIIMS website under the head conferences/workshop

Registration Fee: Rs.2000/- (includes registration, hand-outs, lunch, tea and course materials)

Last date for registration: 10th July 2014

Mode of Payment: Bank Draft in favour of “DMRT-2014” payable at New Delhi

Address for Correspondence:
Clinical Epidemiology Unit
Room No-91, Near Examination Section, AIIMS,
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Tel: 011-26594436, 011-26588434
Email: dmrt.aiims@gmail.com
Workshop on
“Designing Medical Research and Thesis-2014”
(DMRT-2014)

Organized by

Clinical Epidemiology Unit (CEU)
Dates: 26th & 27th July 2014
Venue: Dr. Ramalingaswami Board Room, AIIMS

REGISTRATION FORM

FULL NAME (CAPITALS): .................................................................

[Please write correctly. The same will be printed on the Workshop Certificate]

Designation: ..................................................................................

Department: ..................................................................................

Address: .......................................................................................

.................................................................................................

Mobile: ........................................... Alternate number........................

Email (mandatory) ...........................................................................

Fee payment details: (Demand Draft of Rs. 2,000/- in favour of “DMRT- 2014” payable at New Delhi)

Demand Draft No. ...................................... Date ............................... 

Drawn on ......................................................................................

(Signature)