

**Expression of Interest to participate in the
"ICMR-NIH-AIIMS Northern Regional workshop on
Bioethics"
(10-12 August, 2006)**

K L Wig Centre for Medical Education & Technology, AIIMS

(This form may be photocopied as per requirement)

Name	
Designation & Discipline	
Name of Institution	
Address for Correspondence	
Telephone number	
FAX	
e-mail:	
Accommodation (please tick one of the below)	
I prefer to make my own arrangements.	
Kindly book accommodation in Delhi; (twin sharing basis)	

Brief Note on your involvement in the area of bioethics, ethics committee etc:

Signature of the participant

Signature of Nominating Authority
(Head of Institution)

Workshop Secretariat
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