

**Workshop on
“Designing Medical Research and Thesis-2013”**

Organized by

Clinical Epidemiology Unit (CEU)

Dates: 7th & 8th September, 2013

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- 2013” payable at New Delhi)

Demand Draft No. *Date*

Drawn on

What do you expect to learn from the workshop [please be specific]?

1.

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2.

.....

(Signature)