

Registration Form

CDER CDE Series 12

Name.....
Designation: Faculty/ Researcher/Clinician
Institution
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Mailing Address
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City:.....
State:.....Pin:.....
Phone:Mobile.....
Email :.....
Publications in Pubmed indexed journals:
Systematic reviews published:
.....

Registration Fee:

Up to 31st March 2017: Rs. 8000/-
Limited 40 seats on first cum first serve basis.
Target audience: Dental Faculty, Clinicians and
Researchers interested in Evidence based
Dental research, practice and Cochrane
methodology
Registration includes workshop fees, course
material, certificate, breakfast, lunch, AM/PM
tea with snacks and dinner
Please send duly filled registration form along
with DD/Cheque in favor of **CDER COCHRANE**

Post to “CDER COCHRANE”

Room No: 401, 4th Floor
Centre for Dental Education and Research
All India Institute of Medical Sciences,
Ansari Nagar, New Delhi-110029, India

For further enquiries Contact
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Dr. Kunaal Dhingra: 9036677903
Dr. Prabhat Chaudhari: 8375044325

or E-mail to: cdercochrane@gmail.com
or visit
www.plexusmd.com/event/cdercochrane



Centre for Dental Education & Research,
All India Institute of Medical Sciences, New Delhi

In collaboration with



Workshop on Developing
Protocol for Cochrane
Systematic Review for
Dental Professionals

April 26 to 28, 2017