

## REGISTRATION FORM



ACCELERATE  
चिह्नान

1. Name (block letters):
2. Designation:
3. Organisation:
4. Address for communication:

Pin code:

Ph. No.:

E-mail:

Fax No.:

Mobile No./ Telephone:

5. Specialisation:

6. Experience:

(a) Teaching:

(b) Industrial:

7. (a) CFTI (b) State Govt

(c) Other

Please register for the workshop on

**“Next Generation Medical devices: focusing on therapeutic and diagnostics”** to be held at Biotechnology and Medical Engineering Department, NIT Rourkela.

I am sending herewith the duly signed registration form and the certificate by the authorized signatory of our institution.

Place:

Date:

*Signature of the applicant*

Send to: [obmsworkshop@gmail.com](mailto:obmsworkshop@gmail.com)