

CHITKARA SCHOOL OF HEALTH SCIENCES

SYMPOSIUM-2013

on

“ADVANCES IN DIAGNOSTIC TECHNIQUES FOR LAB TECHNOLOGY & IMAGING TECHNOLOGY”

REGISTRATION FORM

Name _____ Designation _____

Department _____

Organization _____

Experience (in years) Teaching/Industry _____

Address for Correspondence _____

Phone _____ Mobile No _____ E-mail _____

Participant Category: (Please Tick)

Industry

Academics

Students/ Research Scholar

DETAILS OF REGISTRATION FEE

Name and Branch of Bank: DD No.: _____ Dated: _____

For Rs.: _____ (In words) _____

(In favor of “Chitkara University”, payable at Chandigarh)

ON PAYMENT OF Rs. 800 PER DAY IN SINGLE OCCUPANCY IN THE HOSTEL

Accommodation Required : (Please Tick) Yes

No

Gender: Male

Female

Signature of Applicant _____

Sponsoring Authority _____

Date: _____

Place: _____

Last Date of receiving filled registration forms: 10th April, 2013

Important Note: ● No TA/DA will be paid ● Confirmation of registration will be informed by e-mail
● This form can be photocopied for more participation ● Registration will be only on the first cum first basis

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REGISTRATION FORM FOR POSTER COMPETITION

Name of Presenter _____

Name of co-authors _____

Organization _____

Deaprtment _____

Mobile No _____ E-mail _____

Signature of Applicant

Sponsoring Authority

Date: _____

Place: _____

Please forward the duly filled registration form

To,

The Registration Committee

Chitkara School of Health Sciences,

Saraswati Kendra, SC0 160-161,

Sector 9 C

Chandigarh- 1600009

Email: radt@chitkara.edu.in

Last Date of receiving filled registration forms : 10th April,2013

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