



National Institute of Mental Health & Neuro Sciences

(An Institute of National Importance)

Bangalore - 560 029, India

Centre for Public Health

Department of Epidemiology

WORKSHOP ON RESEARCH METHODOLOGY – 2018

Wednesday 12th, Thursday 13th, Friday 14th & Saturday 15th December 2018



REGISTRATION FORM

Please Register my Application

Name:.....

Designation:.....

Institutional Affiliation:.....

Discipline of Study:.....

MCI registration details (if applicable)

Registration number.....

Name of the state medical council where registered.....

Postal Address:.....

Email:.....

Contact mobile Phone No.:.....

Accommodation :
(Subject to availability at Nimhans,
confirmation will be made by end of November

Not Required

Required

If required preference

Single
Sharing

PAYMENT DETAILS :

Payment through Internet Banking

State Bank of India, NIMHANS Branch

S/B Account No.: 54004640402 IFSC : SBIN0040675

Online Transaction ID / Reference No.:.....Amount :..... Date :.....

Signature

Date :

Place:

Note: 1. Please write your name, contact phone number and institutional affiliation behind the Demand Draft and mail to **Dr. Arvind B.A., Co-ordinator-RMW-2018, Department of Epidemiology, Dr. MVG building, NIMHANS, Bangalore - 560029.** For further details, kindly feel free to call: 080-26995244, e-mail: epidemiologynimhans@gmail.com