

Training Workshop on Meiofauna

February 06-09, 2018

REGISTRATION FORM

Name of participant:				
	TITLE	SURNAME	FIRST NAME	MIDDLE NAME
Country:			State:	City:
Organization:				
Profession & area of research interest				
Contact details:	Complete Mailing Address:			
	Phone No.			
	E-mail:			
Passport details: (for international participants)	Passport Number:		Date of Birth:	
	Place of issue:		Date of issue:	
	Nationality:		Valid till:	
	Gender:			
Category of participant: Please tick (✓)	Regular	Researcher	Student	
Particulars of Registration fee:*	Amount	Receipt No. (In case of cash payment)	Draft No.	
Accommodation booking: Please tick (✓)	Required:		Not Required:	
Expecting benefits from the workshop				

Date:

Place:

Participant's Signature

On receipt of the acceptance of participation in the training workshop the selected candidates need to send the registration fee as Cheque or DD in favour of Organising Secretary (ITW'02 **Kochi,2018**) and Payable at State Bank of Travancore, Broadway Branch, Ernakulum (AC.No.67100912325)

It should be addressed to:

Dr. S. Bijoy Nandan, Organising Secretary and Professor

Department of Marine Biology, Microbiology and Biochemistry

School of Marine Sciences, Cochin University of Science and Technology, Kochi- 16, Kerala, India