



MEDICAL EDUCATION UNIT

HASSAN INSTITUTE OF MEDICAL SCIENCES, HASSAN-573201

WORKSHOP ON RESEARCH METHODOLOGY

12TH, 13TH AND 14TH AUGUST 2015

REGISTRATION FORM

1	Participant Name		
2	PG/ Faculty / Others		
3	Department of		
4	Institution name		
5	KMC Registration Number		
6	Contact Address		
	Email Id:	Mob:	
7.	Two main expectations from the workshop		
8.	Accommodation Required Yes / No	Twin sharing 300 Rs / day	Single 500 Rs/ day
9.	Total Fees paid:		
	Till 20 th July ----- Rs. 2000	Registration -	Rs.
	From 21 st to 31 st July ----- Rs.2500	Accommodations -	Rs.
		Total ---	Rs.
10.	DD details : (DD in favour of “ Head of department of Ophthalmology, HIMS” Payable at Hassan-573201)		
	DD Number:	Bank Name:	
	Issue date:	Amount:	

Online Registration is confirmed only on receipt of DD

Signature of Applicant

Please send Filled Registration Form and DD to following address

Dr. Thejeshwari H.L.
Organizing Secretary
Department of Community Medicine
HIMS, Hassan. -573201,
Mob: 9844996850
Email id: meuhimshassan@gmail.com / thejeshwari2015@gmail.com