

# INTERNATIONAL WORKSHOP ON MEDICAL IMAGING

## Registration Form

*(Use Black ink to fill the form)*

Name of the Applicant (In Block Letters)[as it will appear in the certificate]

\_\_\_\_\_

Designation: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Highest Educational Qualification: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

\_\_\_\_\_

State: \_\_\_\_\_ PIN \_\_\_\_\_ E-mail: \*

Fax: \_\_\_\_\_ Tel: [L] \_\_\_\_\_ Mob \_\_\_\_\_

Is Accommodation required? YES / NO

Accommodation Preference: # (Please Specify) AC / Non-AC Single / Shared

Venue (Strike of the choice not applicable) KHARAGPUR / KOLKATA / ANY ONE

Name of the Sponsoring Institute/Organisation: \_\_\_\_\_  
(In Block Letters)[as it will appear in the certificate]

Organisational contact email (optional): \_\_\_\_\_

If applying for concession? YES / NO (Please Specify) \_\_\_\_\_

Demand Draft Amount: <sup>+</sup> Rs \_\_\_\_\_ Demand Draft No. \_\_\_\_\_

Bank: \_\_\_\_\_

Branch \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of the Applicant**

Date:

\* Email Address is must. All future communication will be through email.

# Accommodation preference will be satisfied based on availability.

+ Any payment to IIT is exempted from Income Tax. There will not be any deduction at source for registration fees.