HANDS ON TRAINING ON SANGER SEQUENCING TECHNIQUES AND SEQUENCING DATA ANALYSIS (May 2024)

REGISTRATION FORM

| Registration Fee: Tk 16,000/ (Sixteen thousand only) | |
|---|------------------|
| Title: \Box Dr. \Box Mr. \Box Ms. | |
| Full Name in BLOCK letters: | |
| Designation and Affiliation: | |
| Department/University/Institute: | |
| Postal Address: | |
| Code:Email ID: | |
| Phone (with STD code): | Mobile no.: |
| Teaching Experience: UG: | |
| | |
| PG: | |
| Research Experience: | |
| Area of Specialization: | |
| Recommendation of the Head of Dep./Institute: | |
| Sig | gnature: Date:// |
| Applicant:Sig | gnature: Date:// |
| *N.B. Participation will be confirmed only after the registration fee is received | |