



## REGISTRATION FORM

### Three days Computational Workshop Cancer Interactome Analysis & Drug Design on 1st -3rd November 2018

NAME OF THE PARTICIPANT :

COLLEGE / INDUSTRY :

Mobile Number and email ID :

UG/PG/ PHD Student/Staff/Industry Professional:

#### Bank Transfer Details:

Name of the Bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Amount transferred: \_\_\_\_\_

Type of Transfer: \_\_\_\_\_

Transaction details (Number): \_\_\_\_\_

#### DD Details/Cheque:

Name of the Bank : \_\_\_\_\_

Amount (Rs) : \_\_\_\_\_

DD / Cheque number : \_\_\_\_\_

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Fee Payment Details: Account Transfer / DD in favour of Dean, School of Life Sciences,  
Indian Overseas Bank, Account No. 165701000019853, IFSC Code: IOBA0001657

Please fill this form and attach scan copy of DD / Cheque / NEFT challan and e-mail it to  
shahulhameed.sls@crescent.education

Organizer & Resource Person

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