



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 : _____

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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