

## 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, Acc 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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