

Advance Techniques in Surveillance and Control of Vector Borne Diseases

National Institute of Malaria Research
Sector-8 Dwarka, New Delhi-110077

29th January - 23rd February 2018

Registration Form:

1. Name: _____

2. Designation: _____

3. Address of institution _____

City: _____

Phone: _____

Email: _____

4. Qualification: _____

5. Give brief detail how this training would be useful for your organization:

6. Recommending authority Name and Designation: _____

7. Recommending Comments: _____

8. Signature of Recommending authority with Seal: _____

9. Attach one-page CV along with this form

(Signature of Candidate)