**9th Workshop on Bioinformatics and Molecular Modeling**

**in Drug Design (BIF-MMDD 2019)**

**March 25-27, 2019**

**Organised by**

Bioinformatics Infrastructure Facility (BIF), DBT sponsored

Dr. B. R. Ambedkar Center for Biomedical Research,

University of Delhi, Delhi 110007

**REGISTRATION FORM**

**[Download from (**http://www.acbrdu.edu**) or Photocopy]**

(Please fill up in capital letters and send to the workshop secretariat through email

writing BIF- workshop 2019 in the subject line)

**Name of the participant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

**Institution/Company**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Qualification**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Attach copy of Curriculum Vitae (2 pages) and one page write up. Teachers must submit a letter of recommendation from the respective HOD.)*

**Address for Correspondence:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. with STD code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accommodation required**: Yes/No

If yes: Duration: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Details\*: (To be submitted only after selection)**

Registration fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Demand Draft No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am enclosing one-page write-up as to how this workshop would benefit me. YES/NO

(Signature of participant)

(\*Payment should be made by a demand draft in favor of Director, ACBR payable at Delhi and is to be paid only after selection.)