



**Hands on Training program for Young  
Science Post graduates / Undergraduates /  
Technologists**

On

**“Molecular Techniques in  
Diagnosis and Research”**

**Date: 3<sup>rd</sup> and 4<sup>th</sup> February**



*Chief organizer*  
**Dr. Malligai. E**

**Venue: Department of Biochemistry,  
Chettinad Hospital & Research Institute,  
Rajiv Gandhi Salai, Kelambakkam, Kanchipuram Dist,  
Tamil Nadu-603103.**



**Work shop Details:** Two day Program, Total number of Participants is 30, If it exceeds 30 members it will be conducted in two batches and the date for the second batch will be announced later.

**Eligibility:** MD Candidate from basic sciences, BSc, MSc - Biotechnology, Microbiology, Biochemistry, Genetics.

**Registration Fee:** Rs 1,500 (The fee includes workshop material, Lunch and Tea)

**For Online Registration:**

[www.chettinadhealthcity.com/conference/workshop.htm](http://www.chettinadhealthcity.com/conference/workshop.htm)  
for More details please log on to this website.

**Last Date for Registration: 25<sup>th</sup> January 2017.**

List of the participants will be communicated through the registered E-mail and the same will be updated on website by **28<sup>th</sup> January 2017.**

**Mode of Payment:** Should be paid in advance by Demand Draft drawn in favour of ("Chettinad Hospital & Research Institute") payable at Chennai. The completed registration form along with D.D can be sent to the following address on or **before 25<sup>th</sup> January 2017.**

**For any other queries:**

**Contact:** Dr. Santhini : +917401099636  
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**Organizing Team:**

Dr. Santhini  
Mr. Murugavel K  
Mr. Manikandan  
Mr. Siddarth  
Dr. Laxmikanth B  
Dr. Uma maheshwari  
Dr. Ansar Khalifullh  
Mrs. Christina  
Mr. Vinod Kumar

**Supportive Team**

Dr. Divya

## Registration Form

Name: .....

(In block letters)

Course: .....

Name of the College: .....

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Address: .....

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Veg / Non Veg: .....

Contact No: .....

E-Mail: .....

### Demand Draft Details

D.D No:

Dated on:

Name of the Bank:

Signature