

**REGISTRATION FORM**

**National Workshop on “Study Designs on Clinical Trials” organized by Department of  
Clinical Pharmacology, SRM MCH & RC, Potheri, Kattankulathur – 603203**

**3<sup>rd</sup>-4<sup>th</sup> February 2017**

(Please fill in block letters)

Title: Mr. / Ms/ Mrs. / Dr. Name:

.....

Age: ..... Gender: .....

Designation: .....

Department:

.....

Address:

.....

.....

.....

.....

.....

.....

MCI Reg. No.:

.....

Name of Medical council & State:

.....

E-mail:

Mobile no.: .....

I enclose a Demand Draft for Registration in favor of “SRM Hospital & Research Centre”  
payable at Chennai

DD no.: .....Dated: .....

Amount: .....

BANK:  
.....

Signature of applicant:  
.....

Date: .....

Place: .....

Those who need Medical Council credit hours should pay additional Rs. 120/-

Last date for early bird registration: Dec 31, 2016

Registration fee includes course material, lunch and snacks.

**Address for correspondence:**

Dr. Melvin George  
Organizing Secretary,  
Department of Clinical Pharmacology,  
SRM Medical College Hospital & Research Centre  
Potheri, Kattankulathur – 603203  
Contact no. : 9894133697,  
Email id: nwct.2017@ktr.srmuniv.ac.in