

Registration No.

(to be assigned by the Dept.)

REGISTRATION FORM

WORKSHOP

ON

HANDLING AND BLOOD SAMPLING OF SMALL LABORATORY ANIMALS

(March 2, 2016)

Department of Pharmaceutical Sciences

Guru Jambheshwar University of Science and Technology

Hisar (Haryana)-125001

['A' Grade NAAC Accredited]

Name: Mr./Ms./Dr./Prof.

Faculty Member / Student/ Research Scholar

Designation:

Qualifications:

Specialization:

Institution/Organization:

.....

Date of Birth: dd/mm/yyyy:/...../.....

Gender: Male/Female

Mailing Address:

.....

City: **Pin:** **State:**

Telephone (O) **(M)**

E-mail:

Signature

Date:

Place: