

[Only for TEQIP-III/QIP participants]

_____ is a faculty member of our institution which falls under the category of **TEQIP-III/QIP** Quality Circles Institutes under **IIT Delhi**. He /She desires to participate in your workshop on “**MedImg: 4th Annual Workshop on Medical Imaging Techniques, Post Processing and Clinical Applications**”. Kindly permit him/her to attend the same.

Signature

TEQIP-III/QIP Coordinator of your Institute