

# INDIAN INSTITUTE OF TECHNOLOGY DELHI

CENTRE FOR BIOMEDICAL ENGINEERING

## REGISTRATION FORM

**MedImg**

### **4<sup>th</sup> Annual Workshop on Medical Imaging Techniques, Post Processing and Clinical Applications**

(13<sup>th</sup> – 15<sup>th</sup> April, 2018\*)

\* 16<sup>th</sup> April will be outreach event for TEQIP-III and QIP participants only

1. Name of the Applicant: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Father's Name: \_\_\_\_\_
4. Gender: Male/Female \_\_\_\_\_ 5. Age: \_\_\_\_\_
6. Address: \_\_\_\_\_
7. E-Mail Id: 1. \_\_\_\_\_ 2.(optional) \_\_\_\_\_
8. Mobile 1. \_\_\_\_\_ 2.(optional) \_\_\_\_\_ Res. Phone. \_\_\_\_\_
9. Qualification: \_\_\_\_\_
10. Institute / Affiliation: \_\_\_\_\_
11. Status: Student  Faculty  Industry  Others  \_\_\_\_\_
12. Designation: \_\_\_\_\_
13. Are you faculty from any technical institute in Quality Circle of IITD under TEQIP-III/QIP program?  
Yes  No

**Only for TEQIP-III and QIP participants:** Do you require the accommodation: Yes  No

Please send the letter from TEQIP-III/QIP Coordinator of your institute (format provided) along with the Registration Form. (No registration fee for TEQIP-III & QIP Quality Circle institutions faculty)

List of Colleges under [TEQIP-III](#) and [QIP](#)

14. Payment Mode: (Applicable if option for 13. is No)
- I) e-Transfer  Amount: Rs \_\_\_\_\_ Transaction id: \_\_\_\_\_ Date: \_\_\_\_\_
- II) Online Payment  Amount: Rs \_\_\_\_\_ Transaction id: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Place** \_\_\_\_\_

Note: Registration will be Confirmed after Payment received.

Registration amount can be sent through e-Transfer or Online Payment.

**For e-Transfer:**

Bank Account No.: 36819334799  
Bank Address: State Bank of India, IIT Delhi  
Haus Khas, New Delhi-16.  
MICR Code: 110002156  
Beneficiary: Registrar, IIT Delhi  
Bank Telephone No. : 011-26521719  
IFSC Code: SBIN0001077  
Account Type: Saving

**For Online Payment:**

Go to Web-link:  
<http://cepqip.iitd.ac.in/payment.html> and follow  
the procedure for payment.

**Send copy of e-Transfer/Online Payment slip and duly filled up  
Registration Form to: [medimg.iitd@gmail.com](mailto:medimg.iitd@gmail.com)  
or Mail to : Dr. Anup Singh  
Centre for Biomedical Engineering  
Block-II, Room No. 192 / 299  
Indian Institute of Technology, Delhi  
Hauz Khas, New Delhi-110016**

For further queries contact:

Email: [Medimg.iitd@gmail.com](mailto:Medimg.iitd@gmail.com) Phone: +91 96674 28905

**[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: 4<sup>th</sup> 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