

INDIAN INSTITUTE OF TECHNOLOGY DELHI

CENTRE FOR BIOMEDICAL ENGINEERING

REGISTRATION FORM

MedImg: Workshop on Medical Imaging Techniques, Post Processing and Clinical Applications

(14th - 16th April, 2017)

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 QIP program?
Yes No

Only for QIP participants: Do you require the accommodation: Yes No

Please send the letter from QIP Coordinator of your institute (format provided) along with the Registration Form
(No registration fee for QIP Quality Circle institutions faculty) [List of Colleges under QIP](#)

14. Payment Mode: (Applicable if option for 13. is No)
- I) e-Transfer Amount: Rs _____ Transaction id: _____ Date: _____
- II) Demand Draft Amount: Rs _____ DD No.: _____
Bank: _____ Date: _____

Applicant's Signature _____ **Date** _____ **Place** _____

Note: Registration will be Confirmed after Payment received.
Registration amount can be sent through e-Transfer or Demand Draft.

For e-Transfer:

Bank Account No.: 10773572622
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
**Send copy of e-Transfer transaction slip and duly
filled up Registration Form to:**
MedImg.IITD@gmail.com

For Demand Draft:

Demand Draft must be drawn in favor of
'Registrar, IIT Delhi' Payable at **Delhi** and sent
along with duly filled up Registration Form by
speed post/courier 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 Phone: +91 88260 35361

[Only for QIP participants]

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

Signature

QIP Coordinator of your Institute