

## REGISTRATION FORM

Bioinformatics Centre (DIC)  
IT-BT Complex, Kerala Agricultural University  
Vellanikkara P.O., Thrissur – 680 656  
Tel: 0487-2371994, E-mail: kaubioinfo@gmail.com

1. Name :
2. Designation :
3. Specialization :
4. Post-graduation [Completed / pursuing] :
5. Institute/College/University :
6. Telephone No. :
7. Address for correspondence :
8. E-mail address :
9. Training programme applied for Preference
1. Molecular docking and its significance in drug discovery .....
2. Tools and techniques in Biotechnology/Bioinformatics .....
3. Methods and applications in sequence analysis .....

Mark a tick (✓) legibly. Applicants can apply for more than one programme in a single registration form. In that case preference may be indicated in Roman numeral against the Sl. No. of the programme. The following information may please be given:-

10. Mode of payment: (i) In cash at Central Training Institute or (ii) As DD in favour of Professor of Extension, CTI, Mannuthy payable at SBT, Ollukkara and to be sent to: The Coordinator, Bioinformatics Centre, IT-BT Complex, Kerala Agricultural University, Vellanikkara, [P.O], Thrissur – 680 656.

DD no..... Dated..... Amount.....

11. Your involvement in bioinformatics related fields:
12. Your skills in computer operations:
13. The biological softwares you are familiar with:
14. Details of similar training/workshop attended:
15. Justification for considering the training programme selected:

Place:

Date:

Signature