



“Managing Quality in Clinical Laboratories”

11th -12th January, 2020.



Registration Form

Title: Prof/Dr/Mr/Ms/other _____

Full Name: _____

Designation: _____

Department: _____

Institute: _____

Address: _____

E mail: _____

Tel: _____

Workshop choices (Only 4 Lab disciplines to be selected) Please indicate the Option No.

Group

Details of Payment made _____

Bank _____

Dated _____

Address for correspondence

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