**Registration Form**

**Faculty Development Programme on**

**Medical Image Processing for Biomedical Applications and**

**Additive Manufacturing using MAGICS and MIMICS (MIP-BAAM)**

***Under Electronics and ICT Academy, IIIT Jabalpur***

**August 27-31, 2018**

**PDPM IIITDM Jabalpur, Jabalpur, MP 482005, India**

Name : …………………………………………………………………….. Gender: Male/Female/ Trans Gender

Age : ………Qualification: ……………… Discipline: …………………… Category : GEN/OBC/SC/ST

Designation : ………………………………………………………………………………………………………………..

Name and postal address of the Organization/Institute/College ……………………………………………………………………………………………………………………………………….

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E- mail: ………………………………………………………… Phone: …………………………………………………..

Experience : ……………………………………………………………………………………………………………….

Name and designation of the authority who forwarded the application:

……………………………………………………………………………………………………………………………………….

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Do you have any prior knowledge of Image Processing: Yes/No ……………………..

(For attending this workshop prior knowledge of Image Processing is **not required**)

Are you working in the area of Biomedical: Yes/No ……………………………..

Do you require accommodation in Institute: Yes/No ……………………………….

If yes (a) Please mention the dates: From…………………………To…………………………………………..

(b) Please mention type of accommodation\*: Visitors Hostel/ Guest Rooms of Hostel

\* For details please refer <http://mip.iiitdmj.ac.in/Important%20Information.pdf>

**Registration Fee Details**

Amount: Rs. 5,000/- DD/Web Reference Number: ……………………………… Date: ………………………

Bank Name: …………………………….…… Place: …………………………………….Payable at: Jabalpur

Date: …………………….. Signature

Place: ……………………. Name: ……………………

Fee can also be deposited to the account A/C Name: IIITDMJ-E&ICT ACADEMY; A/C No. 50302042708; Allahabad Bank, Mehgawan, IIITDM Branch, IFSC Code: ALLA0212433 by CASH/NET BANKING/ NEFT.