**15th ADVANCED TRAINING WORKSHOP**

**ON MOLECULAR BIOLOGY, MICROBIOLOGY & IMMUNOLOGY**

**Registration form**

Date of Submission:

|  |  |  |
| --- | --- | --- |
| Name: | | |
| Gender: | Age: | Contact number: |
| Email: | | |
| Address: | | |
| Profession: | | |
| Educational status: | | |
| Institution/Affiliation: | | |
| Previous Research experience (Yes or No): | | |
| Attachment: NID copy and 1 PP size recent photo | | |
| Payment Procedure (give ✓): Cash bKash | | |
| bKash Number: **01612-954707** (Personal) (Please add bKash Charge) | | |
| bKash Transaction ID/Ref: | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant