**17th 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