**9th Research Methodology Workshop**

**Venue**: Goverment. Dental College, Kottayam
**Date**: 6th, 7th & 8th of August 2019

**REGISTRATION FORM**

**1.Name:**

**2.Gender:**

**3.Category(PG/Faculty):**

**4.Specialty:**

**5.Name of the Institution:**

**6. KDC Registration number:**

**7. Details of registration fee\*\*:**

**8**.**Complete Mailing Address:**

**9.EmailID:**

**10.Phone:**

**11.Food preference(Veg/NonVeg):**

***(Please fillup the form and email to*** ***phdgdckottayam@gmail.com******).***

\*\*Registration fee shall be remitted through: **Deposit by account transfer** to A/C number- **111100010001520 (**Department of Public Health Dentistry, Government dental college, Kottayam), Kottayam Co-operative Urban Bank Ltd. No. 421, Kottayam (**IFSC: IBKL0027K10**)