NITTE (Deemed to be University) | DEPARTMENT OF PUBLIC HEALTH
K S HEGDE MEDICAL ACADEMY

Organizes

National Workshop on Qualitative Methods in Health Research

Registration Form

Applicant Information

Full Name: _____ _____ _____ Date: _____
Last *First* *M.I.*

Affiliation: _____

Address: _____ _____

_____
City *State* *PIN Code*

Phone: _____ Email: _____

Designation: _____

Type of Participant: Post Graduate/PhD ☐ Faculty/Professional ☐

Payment Details

Bank Name: _____ Branch: _____

DD No: _____ Date: _____

Amount: _____

Disclaimer and Signature

I certify that information provided above are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please Note: Please enclose photocopy of your institutional identity card if you are a student or PhD scholar