

**INDUSTRY INSTITUTE PARTNERSHIP CELL (IIPC)
BMT Wing, SCTIMST**



REGISTRATION FORM

Name of the Participant (as required in the certificate)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Researcher <input type="checkbox"/> Student
Educational Qualification	
Designation details	
Organization Name & Address	
E-mail id	
Contact numbers	Mobile: Landline:
Course code for which registration is sought	IIPC114
Name of the course	Avenues of engineering in biomedical research (Special call for SC/ST candidates)
<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian	

GST ID of your organization (Please provide the copy of GST registration certificate of your organization)	
Accommodation shall be provided free of cost, if necessary. Please specify , if required : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Declaration:

I hereby certify that I belong to the SC/ST category and hence am eligible to attend this program.

Signature