

Symposium Registration Form

(PIKNIKH 2015)

Symposium Name : Indo-Japan Symposium on

'Advances in Biomedicine and Bioinformatics'

Symposium Date : February 23, 2015

Symposium Venue : IIT Delhi, India

Deadline for Registration: February 9, 2015

Personal Information		Selection of Participants	
Name		Selection of participants will be done on the basis of received registration requests / abstracts. The selected participants will be intimated by email only latest by 11th February, 2015 and required to register by paying the necessary registration fees of Rs. 1000/ Participants are requested to send the registration fees by post latest by 15th February, 2015. The fee is payable by DD from any nationalized bank in favor of the "FITT, IIT Delhi"	
	aculty/Scientist		
Current Position			
Organization		Call for Papers	
Postal Address		We are pleased to announce the call for participation in the POSTER SESSIONS in PIKNIKH2015. We encourage participants to submit abstracts for consideration. All the submissions will be reviewed by the Organizing Team. Submissions will evaluated on technical quality of the original research work in the theme areas of the	
City/State		symposium and the acceptance of the abstract will be intimated. Authors of accepted papers will have to prepare a poster of size 3 feet X 4 feet (width x height) to be put	
Telephone		up on panels provided at the venue. One poster will be selected for the Best Poster Award from each poster session.	
Mobile		Do you intend to submit an abstract for Poster Session?	
Email		YES NO If you are submitting an abstract, please submit it in the column provided on Page 2 of this form.	
		<u>Declaration</u>	
Upon sele	ection, I agree to pay the registrati	on Fee before the deadline to confirm my participation.	
	Type Your Name		
Date (dd/mm/yyyy)	Place	

Filled-in registration form is to be submitted via email to: piknikh2015@dbeb.iitd.ac.in



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Abstract Details	
Authors are request	ted to submit an abstract of no longer than 250 words within the column provided below:
Title of the Abstract	
Author(s)	
Affiliation(s)	
Abstract	
	<u>Declaration</u>
Upor	n selection, I agree to pay the registration Fee before the deadline to confirm my participation.
	Time Weigh Neme
	Type Your Name
Date (dd/mm	/yyyy) Place

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