



**NATIONAL INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES
(NIMHANS) (Institute of National Importance)
Bengaluru-560029, Karnataka State, INDIA**

**Application form for the “Workshop on Advancement in Genomics, Proteomics to Drug
Discovery & Development associated with Neurological Disorders”**

1. Name: **Gender: M/F**

2. Address:

Telephone: **Mobile:** **Email:**

3. Qualification:

4. If you are a student, name of the course:

If you are a teacher/lecturer/tutor, name of the course that you teach:

5. Department and College/Institution:

6. Institution address:

7. Description of your research field (Max 50 words)

8. Brief overview of your research interests along with a description of how this workshop would help your career (Max 100 words)

Particulars of Fee

Amount (in Rs.):

Payment Reference Number:

Name of Bank:

Date of Payment:

Place:

Signature of the candidate

Date:

Place:

**Signature of Head of the College /Institution/Department
(with seal)**

Date: