

Workshop on

**“COMPLEMENTARY THERAPIES IN AUTISM SPECTRUM DISORDER:
INTERPLAY BETWEEN DIET AND GUT MICRO-BIOTA”**

15th February, 2020

Venue: IOE Auditorium, Vigyan Bhavan, Manasagangotri, Mysore

REGISTRATION FORM

(To be filled and submitted to the Convener as hard or soft copy. Please use capital letters only)

1. Name (in capital letters):.....
2. Age and Gender:.....Years Male/Female.....
3. Designation & Affiliation:
.....
.....

4. Mailing address:.....
.....
.....
City.....PIN.....
Phone No. (with STD code) : Off..... Res.....
Mobile No.:
E-mail ID:

PAYMENT DETAILS

Registration Fee: Rs. _____
Details of bank: Date.....
Mode of payment

Date: Signature

(Students are to get the registration form forwarded through their respective Guides/Head of the department)

I certify that Ms./Mr.....
is a student currently working towards a recognized Master/ Doctoral degree at
.....
.....

Guide/Head of the Department