



# Application of Statistical Softwares in Medical Research

## REGISTRATION FORM

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

DEGREE HELD: \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MOBILE NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### DETAILS OF BANK PAYMENT

UTR No. \_\_\_\_\_

Date of payment: \_\_\_\_\_

All payments to be made by fund transfer

#### Fund Transfer Details:

**Account Name: ICPO NOIDA**

**Bank: SYNDICATE BANK**

**Account No: 90681010000752**

**IFSC CODE: SYNB0008686**

Kindly note that we have a **NO REFUND** policy for cancellation. The registration form, complete with transaction details may be sent by **Post/e-mail** to:

**Dr. Shashi Sharma, Scientist F**

**Course Coordinator**

Division of Biostat & Epidemiology

National Institute of Cancer Prevention & Research

I-7, Sector-39, Noida – 201301

India

**E-mail: [icpocctc@gmail.com](mailto:icpocctc@gmail.com)**

**For information: - Dr. Shashi Sharma (9971305345) / Miss Sarita Sardana (9968093831)**