

REGISTRATION FORM

**Revised Basic Course Workshop in Medical Education Technologies (RBCW) /
Curriculum Implement Support Programme (CISP)**

Venue: College of Medicine & Sagore Dutta Hospital, Kamarhati, West Bengal

Conducted by: Regional Centre for MET, NMC

Date: From..... to.....

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Photograph

Name (in CAPITAL):

Designation:, Department:.....

Institution:

Qualification:

Date of Birth:, Sex:

Mobile no.: &

Email id (in all CAPS):

Earlier participation in MET: Yes/No, If yes, where & when?

I agree to participate full time during the workshop. I understand that the certificate of participation will be denied in case of absence from any session for any reason. Decision of the local organizing committee and the NMC observer will be final in this regard. Signature in the attendance sheets kept for the purpose for both the morning and afternoon session will be ensured by me.

Date:..... Signature in full:.....

Endorsement by the Head of the department:

Nomination of Dr. for the above workshop is recommended. In case of selection he/she will be relieved from duty to enable full time participation.

Date :..... :.....

Signature of HOD with seal

Forwarded by the Head of the institution:

(For official use)