



**Workshop on Diagnostic Mycology:**

**Venue: Tata Medical Center, Kolkata, India**

**Date: 04<sup>th</sup> to 06<sup>th</sup> September, 2023**

**Application Form**

<b>Name (as required in the certificate)</b>	
<b>Age</b>	
<b>Gender</b>	
<b>Email address</b>	
<b>Mobile Number</b>	
<b>Name of the Institution</b>	
<b>Name of the Department</b>	
<b>State/Union Territory of Institution</b>	
<b>Current designation</b>	
<b>Years of Experience in Diagnostic Mycology</b>	
<b>Vegetarian/ Non- vegetarian (please specify dietary requirements)</b>	
<b>Name of the Head of the Department/ Head of the Institution</b>	
<b>Signature of the Head of the Department/Head of the Institution supporting the application</b>	
<b>Email of the Head of the Department/Head of the Institution</b>	
<b>I declare that all the above information is correct and also agree to abide by the rules of the workshop</b>	<b>Signature of the applicant with date</b>