

RIA QUIZ ON RABIES: REGISTRATION FORM

1. Name and address of the Institution :
2. Name and telephone number of the Dean/Principal :

Details of the Team/Participants (2)

1. Name of the participant & team leader :
2. Class/Term :
3. Mobile number :
4. E-Mail ID :
5. Accommodation : Required / Not required

And

6. Name of the participant & team member:
7. Class/Term :
8. Mobile number :
9. E-Mail ID :
10. Accommodation : Required / Not required



Photo with seal of Dean

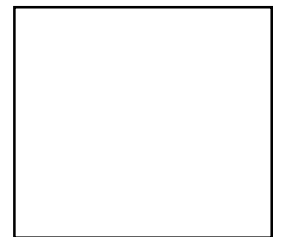


Photo with seal of Dean

We hereby declare that we abide by the rules and regulations of the quiz programme.

Signatures of Participants 1. _____ 2. _____

Declaration by the Dean/Principal and Head of Community Medicine *

We/I hereby declare that the above team/participants are nominated from the institution for participation in the quiz programme.

Principal/Dean
(Signature & seal)

HOD of Community Medicine*
(Signature & seal)

Date:

* For Medical College only.

Note: 1. There is no registration/entry fee. Please send the filled up registration form(along with a soft copy by email) to Dr. N.R.Ramesh Masthi, Associate Professor of Community Medicine, Organizing Secretary, RIA-WRD quiz programme, Kempegowda Institute of Medical Sciences, BSK 2nd stage, Bangalore – 560 070. Fax: 080 – 26712798, Mobile: 98457 – 59992. E-Mail: rabiesquiz@kimsbangalore.edu.in . Last date to receive: 16th August, 2008 (5 PM).

2. Participants shall bring their college photo ID card to the quiz programme.