



# AIDSCON 2011

...Towards AIDS Free Chandigarh

## Chandigarh State AIDS Control Society

### Registration Form

1. Name Prof./Dr./Mr./Ms. \_\_\_\_\_
  2. Designation \_\_\_\_\_  
Course Detail, if student \_\_\_\_\_
  3. Organization Affiliation \_\_\_\_\_
  4. Age \_\_\_\_\_ 5. Sex \_\_\_\_\_
  6. Area (Basic sciences, clinical sciences, Social Sciences, Others) \_\_\_\_\_
  7. Postal Address \_\_\_\_\_  
\_\_\_\_\_
- Mobile: \_\_\_\_\_ Phone \_\_\_\_\_
- E-mail \_\_\_\_\_

Paste recent  
passport size  
photograph

**Enclosures** to be submitted along with the application form:

1. Brief Bio-data (not more than two pages)
2. A paragraph of about 150-300 words providing details of research interests and reasons for attending the workshop.

Date:

City:

Signature

#### Instructions:

1. Participation to the conference is free.
2. Please use one form per person. The forms could be photocopied. Completed form must be submitted via post/by hand/courier to the office of Chandigarh SACS **on or before November 18, 2011**.
3. **Student Registration:** Registration form must be forwarded by Head of Department or should have bonafide letter from the Head of the Department. A Xerox copy of student's identity card must also be enclosed with the registration format.
4. Limited number of participants would be enrolled for the conference on **first-come, first served basis** subject to finalization of selection by organizing committee
5. Should you have any clarification regarding registration, please contact at [chandigarhsacs@gmail.com](mailto:chandigarhsacs@gmail.com)

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