**REGISTRATION FORM**

**“National Workshop on Toxicological Testing in Environmental Monitoring and Drug Discovery (TT-EMDD-2025)”**

**11th & 13th June, 2025**

**DEPARTMENT OF MARINE BIOTECHECHNOLOGY**

**AMET DEEMED TO BE UNIVERSITY**

**KANATHUR, CHENNAI – 603 112, TAMIL NADU, INDIA**

**Name:**

**…………………………………………………………………………………………………………………………………………………..**

**First Name Middle Name Last Name**

**Gender** : **Male / Female**

**Designation** :

**Address** :

**E-Mail ID / Mobile No.** :

**Reason for attending the workshop :**

**Registration fees:**

Academicians/Scientists/Research Associates : **Rs.2000**

Research Scholars/PG Students : **Rs.1500**

***(Pay only after acceptance)***

**Accommodation needed (on Payment basis): Yes No**

(Please tick)

**Recommendations by Guide / HOD (Mandatory for PG Students and Research Scholars)**

**Guide / HOD Signature**

**Date:**