

THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY,
NO.69, ANNASALAI, GUINDY, CHENNAI – 600 032.
ONE DAY WORKSHOP ON “EVALUATION DRIVES LEARNING” PROGRAMME
08.12.2017

REGISTRATION FORM

1. NAME IN BLOCK LETTER :
(INITIAL AT THE END)
2. DATE OF BIRTH & AGE :
3. GENDER :
4. EDUCATIONAL QUALIFICATION :
5. DESIGNATION :
5. NAME OF THE INSTITUTION :
under which Working
6. ADDRESS FOR COMMUNICATION :
(WITH PHONE / MOBILE/E-MAIL)
7. SIGNATURE OF THE CANDIDATE :