## NIZAM'S INSTITUTE OF MEDICAL SCIENCES (A University Established Under the State Act) Punjagutta:: Hyderabad

#### CIRCULAR

Date: 3<sup>rd</sup> September, 2007

Sub:- Workshop on Writing for Researchers and publishing skills.

There is a need to improve our skills of scientific writing and publication. To achieve this goal we are holding a workshop on above subject on 22<sup>nd</sup> and 23<sup>rd</sup> of September, 2007 in our Institute. All the Residents, Post Graduates and Faculty members are requested to attend the same.

Please send your duly filled in registration form which is enclosed herewith to the undersigned by 15<sup>th</sup> September, 2007.

For other details please contact the Dean's Office.

Sd/-DR.M.U.R. NAIDU DEAN

To:

- 1. Head of the Departments With a request to circulate among all the Faculty, Residents and Post Graduates.
- 2. Faculty Doctors Association
- 3. Resident Doctors Association
- 4. Director for information.

## NIZAM'S INSTITUTE OF MEDICAL SCIENCES (A University Established Under the State Act) Punjagutta:: Hyderabad

## **REGISTRATION FORM FOR WORKSHOP ON WRITING FOR RESEARCHERS ON PUBLISHING SKILLS**

Venue : Learning Centre

Date: 22<sup>nd</sup> & 23<sup>rd</sup> September, 2007

I wish to attend and register myself for the above workshop.

- 1. Name:
- 2. Designation:
- 3. Department:
- 4. Contact Tel. No.
- 5. Email ID :
- 6. Registration Fee Rs. 1,000/- (Rupees One thousand only) by Demand Draft in favour of Director, Nizam's Institute of Medical Sciences. (Registration fee includes: a. Workshop material b. Lunch and evening tea for 2 days).

# WAIVING OFF REGISTRATION FEE

Note:- Faculty, Residents and Post Graduates can apply for waiving off of registration fee. Those who are requesting for waiving off of Registration fee payment must apply for the same in writing to the Dean before 10<sup>th</sup> September, 2007.

**Registration Fee Payment Details:** 

- 1. Name of the Applicant :
- 2. D.D. No. \_\_\_\_\_ Date\_\_\_\_ Drawn

On\_\_\_\_\_ for Rs.\_\_\_\_ (Rupees

3. Applied for waiving off for Registration Fee

\_\_\_\_\_)

I request you to waive off my Registration Fee for Rs. 1,000/- for the above workshop.

Name :

**Signature Date:** (Duly filled in form to be submitted before 15.09.07 to the Dean's Office)