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**ICMR - NAMS**

**NATIONAL BIOSTATISTICS HELPLINE**

**Registration for Registration of the post graduate/young faculty member for Joint ICMR-NAMS National Biostatistics Helpline**

1. Name: ……………………………………………………………………………

2. Designation: …………………………………………………………………….

3. Speciality: ……………………………………………………………………….

4. Name & address of institution/Medical College: ……………………………….

5. Email: ……………………………………………………………………………

6. Mobile number: …………………………………………………………………

7. Please add brief details of your Thesis / Research work (200 words)………

8.Please write your Questions for which clarification is sought from expert

i.

ii.

iii.

iv.

v.

9. Any other specify: ………………………………………………………………..

10. The application for registration should be forwarded by Guide/ Head of department.

10.1. Name & Signature of the post graduate/young faculty member with date & place.

10.2. Name & Signature of the Guide/Head of department with date & place.

Please upload the application on ……………………………………...

**You are required to fill up the registration form and send it by email to Nams\_aca@yahoo.com**