

**WORKSHOP ON DISEASE MODELLING (WODIM 2017)**  
**(Part of Curriculum Development for Capacity Building in Disease Modelling  
project under the HADM Small Development Grant)**

Dates: 1<sup>st</sup> & 2<sup>nd</sup> March, 2017

Venue: St. Joseph's College of Arts and Science (Autonomous)  
Cuddalore – 607 001. Tamil Nadu India.

**Registration Form**

[Instructions: The Applicant must download and print the Registration Form, fill up all the fields, sign it at the bottom, scan and submit the same by email to [wodim2017@gmail.com](mailto:wodim2017@gmail.com) by the deadline. He/she must attach, to the same email, a scanned letter of recommendation (with sign and seal) from his/her Supervisor/Head of institution/a scientist who knows his / her research]

**1. Full Name of the applicant (in block letters):**

Dr. / Ms. / Mr. \_\_\_\_\_

**2. Date of birth (dd/mm/yyyy):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **3. Gender: Male / Female**

**4. Education (Highest degree):** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

**5. Current designation:** \_\_\_\_\_

**6. Name of the Institution / Organization (specify complete name and address):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Are you a (tick the appropriate one(s):**

a) A faculty member

b) Post doctoral Fellow

c) Research Scholar

d) Post-graduate student

e) Any other (Specify) \_\_\_\_\_

**8. Complete postal address for communication with you:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **E mail id:** \_\_\_\_\_

**9. Whether accommodation is required: Yes / No**

**10. Current / Past Research Experience in the field related to Disease Modelling: (within 100 words)**

**11. Describe the Importance of Participation in this symposium for your present / future research plans. If you have had multi-disciplinary collaborations in the field of public health data analytics or disease modeling, please make sure to describe those: (within 100 words)**

**12. Name and details of the person who will provide your Recommendation Letter. (Please attach a scanned copy of the signed and stamped recommendation letter from your Supervisor / Head of the institution / Scientist who know you well along with your application email. Your application will not be considered as complete without this letter. The letter must address the relevance of this symposium to your present / future research.)**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **E mail id:** \_\_\_\_\_

**Note: Attendance in all the sessions on both the days is mandatory.**

**I hereby declare that the statements made in this application are true and accurate.**

**Date:**

**Signature of the applicant:**