

Department of Anatomy
Maulana Azad Medical College, New Delhi

**Workshop on : Laboratory techniques of Cytogenetics and Molecular Genetics
28th – 29th December 2016**

Patron

*Dr Deepak K Tempe,
Dean*

Dear Madam/ Sir,

Chairperson

Dr Neelam Vasudeva

Greetings from the Department of Anatomy, Maulana Azad Medical College, New Delhi.

Organizing Secretary

Dr Dinesh Kumar

The department of Anatomy, MAMC is organizing two days workshop on :
“Laboratory techniques of Cytogenetics and Molecular genetics” on 28th & 29th December 2016.

Joint Secretary

*Dr Sabita Mishra
Dr Anita Mahajan*

This workshop is intended to initiate the interested faculty of Anatomy into the evolving field of Genetics.

The workshop is designed so as give participants hands on experience in all the techniques of molecular biology (DNA extraction, Gel electrophoresis & Setting up PCR) and Cytogenetics (Planting cultures, Harvesting and Chromosomal analysis).

Treasurer

Dr Surbhi Wadhwa

Reception

Committee

*Dr Babita Pangtey
Dr Preeti Goswami*

Registration to the workshop is on first come first served basis for only 15 participants.

Kindly nominate your faculty members to attend and participate in this workshop. It is requested that nominations may be sent in the prescribed format.

Last date of preliminary registration is 30th November 2016 by submitting the form. Confirmation of registration will be informed to you by 7th December 2016.

Email for correspondence: mamcgenetics2016@gmail.com

Regards,

Dr Dinesh Kumar

Organizing Secretary
Professor (Anatomy)
Department of Anatomy
MAMC, New Delhi
9968604208

Dr Neelam Vasudeva

Chairperson, Organizing Committee,
Director Professor & Head,
Department of Anatomy
MAMC, New Delhi

Application for participation in the workshop
Laboratory techniques of Cytogenetics and Molecular Genetics
Department of Anatomy,
Maulana Azad Medical College, New Delhi

28th - 29th December 2016

Name of Participant: _____

Name of the Institute: _____

Designation: _____

Email add: _____

Phone no: _____

Area of Interest: _____

Purpose of attending: _____

Signature of participant: _____

Signature of HOD _____

With seal

**Please scan this page and send it not later than 30th November 2016, through
email to mamcgenetics2016@gmail.com, for preliminary registration.**

DO NOT SEND THE DRAFT NOW