

Department of Community Medicine and Family Medicine
All India Institute of Medical Sciences, Jodhpur

World Health Day 2014

Inter-College Quiz Competition on Vector-Borne Diseases

Registration Form

	Participant 1	Participant 2
Name		
Age/Gender		
Designation		
Institution		
Mobile No		
Email		

Head of Department
(Sign with Seal)

Note:

1. The participants should send the Registration form by email before 9th April 2014
2. The hard copy of the same with signature of HOD should be submitted to the organizers on the day of quiz