



**Two days National Workshop**

*on*

**ANTIMICROBIAL RESISTANCE IN FOOD  
CHAIN**

*Sponsored by Indian Council of Medical Research, New Delhi*

**March, 26-27; 2020**

**CSIR- Central Food Technological Research Institute, Mysuru 570020**

**Application Form**

Name : .....

Affiliation : .....

Position held : .....

Research activities : .....

Purpose of Participation: .....

.....

Willing to present poster:  YES  NO

If Yes, please enclose the abstract of the poster (max. 200 words) along with the application.

(Note: poster should be research findings only; reviewing of work is not acceptable)

Remarks : .....

I hereby declare that the above furnished details are true and the payment of Rs.2050/- has been made towards the participation in the National Workshop on 'Antimicrobial resistance in Food Chain.

Transaction ID No.:  
(UTIR No)

Amt Rs. .... Dated:

Signature of HoD/ Principal/ Research Guide

Signature of Participant

**Applications to be submitted by e-mail at [prakashalami@cftri.res.in](mailto:prakashalami@cftri.res.in)**