

13th National Medical Writing Workshop & 6th Writeshop for Young Researchers APPLICATION FORM

Application deadline: 8 December 2017

Please submit the application form (in word format) and other required documents to
bchrd.r5@gmail.com

Title:		Last/ Family name:		First / Given name:		Middle name:	
Gender:			Age:				
Institution/ Company:							
Designation:							
Address of Institution:							
Contact Nos:							
Email address:							
Dietary requirements:							
Title of the Study:							
Is it a PCHRD funded project?							

<p>How can the workshop contribute to the preparation of your manuscript for publication?</p>	
---	--

CONFORME SLIP

I, _____ of the _____ agree to submit my reviewed manuscript in a peer reviewed journal within 3 months after the training. I also agree and understand that my paper will be reviewed and criticized by the group. I promise not to leave the venue until the end of the workshop.

Signature

Date