**Workshop**

**On “Utility of Laser Therapy in**

**Animal Practice” on 26, July, 2018**

**In collaboration with Lab India healthcare, Pvt. Ltd. Bengaluru**

**Application from**

1. Full Name (in block letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Division/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Work experience (years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Educational Qualifications:

|  |  |  |
| --- | --- | --- |
| **Degree** | **University** | **Year of Passing** |
| Graduation  |  |  |
| Post-Graduation  |  |  |
| Doctorate  |  |  |

 Signature of the applicant

Place:

Date:

 Recommendation of the Dean of the College/Controlling Officer

Date Signature

Note: Duly forwarded application from please be submitted on before 26th July, 2018 to

Dr. K. G. Mandal

Prof. & Head,

Department of Vety. Medicine,

Bihar Veterinary College, Patna

Bihar Animal Sciences University, Patna – 800014, Bihar