

PONDICHERRY UNIVERSITY
CENTRAL ANIMAL HOUSE FACILITY

One Day Workshop on **Laboratory Animal Experimentation- 2024**

Registration Form:

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| Name of the Student | |
| Name of the Department | |
| Course and Year | |
| Title of the Thesis/ Title of the Project | |
| IAEC approval number obtained recently if any (if yes attach) | |
| Whether the research work based on the Laboratory Animals (if yes attach DC) | |
| E Mail ID | |
| Contact Number | |
| Signature of the Candidate | |

Signature of the Supervisor

Signature of the Head of the Department