

National Institute of Epidemiology (ICMR)
Ayapakkam, Chennai – 77
LIBRARY

Permission form to utilize library computers for Workshop / Meetings / Training
hands on experience

Name of the PI / Scientist :

Project Name :

Division :

Name of the workshop :

Workshop date : From _____ To _____

No. of Participants : (Pls enclose list)

Signature of the PI / Scientist

Recommended

DIRECTOR

ALIO