



# Annamalai University

(A State University Accredited With A+ Grade by NAAC)



**icmr**  
INDIAN COUNCIL OF  
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## REGISTRATION FORM

Workshop  
On

“Regulatory Landscape for Artificial Intelligence in Healthcare”  
20<sup>th</sup> to 24<sup>th</sup> August 2026



Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Institution : \_\_\_\_\_  
Qualification : \_\_\_\_\_  
Address for Communication : \_\_\_\_\_  
Mobile : \_\_\_\_\_  
E-mail : \_\_\_\_\_

### **DECLARATION**

The information furnished is true to the best of my knowledge. If selected, I shall attend the program for the entire duration. I also undertake the responsibility to inform the coordinator in advance in case I am unable to attend the workshop.

Signature of the Applicant

Date:

Place:

Mr./Ms./Dr. \_\_\_\_\_

\_\_\_\_\_ is an UG student/PG student/Research Scholar/employee of our Institute / Organization and is hereby permitted to attend the above training programme, if selected.

Signature & Seal of the Head of the Department/ Institution

Date:

Place: