

One Day
International Seminar on

FRONTIERS OF STEM CELL RESEARCH

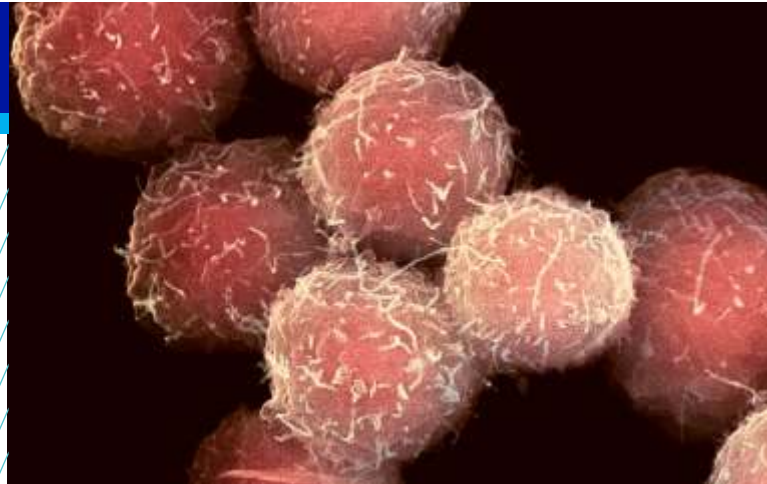
NOVEMBER 9, 2017

Organized by



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Stem Cell research has been in continuous focus last decade. The distinctive characteristic developmental properties and elaborate micro-environmental interactions of stem cells have enthralled the scientific society, whilst their exploration for production and applications for therapeutic rationale has been both invigorating and contentious. The international seminar aims to unfold some of the important advances in the field of stem cell biology, suggesting fundamental keys for future projections in the area.



Chief Patron : Professor Sankar Kumar Ghosh
Hon'ble Vice-Chancellor
University of Kalyani

Co-ordinators : Professor Rita Ghosh
Dean, Faculty of Science
University of Kalyani

Professor Shital K Chattopadhyay
Coordinator, KU Research Wing

Speakers

Professor Peter Hollands
University of Manchester, UK

Professor (Dr) Niranjan Bhattacharyya
School of Tropical Medicine, Kolkata

Professor (Dr) Tanya Das
Bose Institute, Kolkata

Professor (Dr) Dhruva Malakar
National Dairy Research Institute, Haryana

How to Apply

University/College teachers, Research Scholars and students at post graduate level are invited to apply for participation against registration. Please write to **KU Research Wing** giving your details as per the format.

E-mail on or before 6th November 2017 to kuresearchwing@klyuniv.ac.in or **Whats app to 8240398988**

For any enquiry Dial EPABX : 033-2582-8750 + Extn. 345
or Mobile : 9733544932

Registration Fees

Teachers/ Scientist/Others : INR 300.00
Research Scholars : INR 200.00
PG Students : INR 150.00

Payment Details

Bank Transfer / NEFT
(NOT BY CASH)

Last Date : 06-11-2017 (Monday)

Bank Details

Account Name

UNIVERSITY OF KALYANI GEN FUND-II

Name of the Bank

BANK OF INDIA (Kalyani University Branch)

Bank Account Number

412110210000001

MICR No. : 700013090

IFSC Code : BKID0004121

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REGISTRATION FORM

(May be photocopied)

Last Date : November 6, 2017

Name : Prof./Dr/Mr/Ms _____

Institution Name : _____

Category : _____

E-mail : _____

Signature : _____

UTR Number / Transaction ID

(Please Bring Your ID Card)