



# "WORKSHOP ON BASIC BIOINFORMATICS TOOLS & TECHNIQUES"



**28-29, March 2016**

**(Under BTISNET Training Programme)**

Sponsored by DBT, Govt. of India, New Delhi

**Organized by**

*Bioinformatics Centre (DBT-Govt. of India Supported Facility)*

*Department of Biotechnology, Sant Gadge Baba Amravati University, Amravati 444-602, M.S.*

Bioinformatics is essentially an important part of all life sciences disciplines now a days. The computational tools and methods are contributing to this field are of immense significance in terms of time and efforts being put forth by experimental biologists. The same also helps in cost reduction at experimental screening of the lead molecules. The Life sciences based industries have great deal of applications of such computational methods. It is necessary to inculcate these skills and expertise through systematic training of human resource by exposing young scholars to modern and sophisticated tools related to Bioinformatics. Keeping this in mind, an introductory level workshop which is aimed at specially Post Graduate students in the area of biotechnology, pharmaceuticals and other life science disciplines. The primary objective of the workshop is to provide practical hands on training in bioinformatics. This event is open for **Post graduate students and Researchers** in Life sciences affiliated with University/ Colleges with keen interest in this area.

## **WHAT WILL YOU LEARN?**

- ❖ Data retrieval systems: Entrez.
- ❖ Sequence alignment tools: BLAST/ FASTA.
- ❖ Multiple sequence alignment: ClustalW, BioEdit.
- ❖ Phylogenetic analysis.
- ❖ Protein/small molecules structure Drawing & Visualization tools.
- ❖ Molecular Docking using Autodock.

**TOTAL NO. OF SEATS: 30**

**REGISTRATION FEES: Rs. 300/-** It includes workshop materials, breakfast, tea and lunch provided on the venue (Without Accommodation).

**DEADLINE FOR REGISTRATION: March 22, 2016.**

**MODE OF PAYMENTS:** Cash/Demand Draft of due amount in favour of "The Registrar, Sant Gadge Baba Amravati University, Amravati, Maharashtra" Payable at Amravati (Maharashtra). Kindly send a scanned copy of the DD in e-mail to [sudarshankove@sgbau.ac.in](mailto:sudarshankove@sgbau.ac.in) or photocopy at the following address. The selected candidates need to send the original DD by registered post before joining workshop (For Participant Confirmation).

**APPLICATIONS MAY BE SENT THROUGH PROPER CHANNEL TO:-**

**DR. PRASAD A. WADEGAONKAR**

Coordinator (BIF) and Professor

Bioinformatics Centre (DBT-Govt. of India Supported Facility)

Department of Biotechnology, Sant Gadge Baba Amravati University,

Amravati 444-602, Maharashtra, India

Phone: 0721-2662206/07/08 Ext, 267

Mobile: 09422157263

Email: [prasadwadegaonkar@sgbau.ac.in](mailto:prasadwadegaonkar@sgbau.ac.in)

**Mr. Sudarshan D. Kove**

Co-coordinator (BIF)

Mobile: 09890386031

Email: [sudarshankove@sgbau.ac.in](mailto:sudarshankove@sgbau.ac.in)

**IMPORTANT POINTS TO BE NOTED:**

- ❖ Last date for receipt of applications (including on-line) submission through e- mail/post is 22<sup>nd</sup> March, 2016.
  - ❖ The candidates should furnish their mobile / landline telephone number, e-mail and fax to maintain a liaison.
  - ❖ The candidate will be informed about his/her selection in the training course by e- mail, fax or telephone.
  - ❖ Application of participants should be sent in proper format as attached.
  - ❖ In case of last minute cancellation by the selected candidates due to some unavoidable circumstances, the organizers may kindly be intimated by email/fax or phone by 26<sup>th</sup> March, 2016.so that participants in waiting list may be accommodated.
  - ❖ Registration accepted on a **first-come, first-served basis**.
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## **REGISTRATION FORM**

Name: -----

P.G. Student Year: -----

Name of Institute/College/Department: -----

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Contact Address: -----

Phone No. (With STD code): -----

Mobile No: -----

E-mail Id : -----

Justification on why you want to attend this program (not exceeding 50 words): -----

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Registration Details: -----

Amount: ----- DD No. ----- DD Date: -----

Bank and Branch: -----

Place:

Date:

**Signature of Participant**