



25 Glorious Years

Outreach Program

on

Speech & Hearing

June 18 - 19, 2022

Organized by:

**Center for Multidisciplinary Research
Tezpur University, Napaam, Assam-784028**

The outreach program organized by Tezpur University is planned to help persons with speech and hearing problems in different age groups. It is anticipated that the participants would be benefited from the expert advice on their health issue.

Resource Person

Mr. Pryank Bhutani

Head of Department

Bhutani Speech and Hearing Clinic, West Delhi, Delhi, India

The number of participants for the outreach program is limited to 25 covering the two days. There is no registration fee for participants. The interested applicants can apply by filling up the below given google form or sending the registration form to cmdr@tezu.ernet.in on or before 16/06/2022. The shortlisted participants will be intimated through email by 17/06/2022. There is no provision of accommodation and TA/DA for the participants.

Registration Form:

https://docs.google.com/forms/d/e/1FAIpQLScho7P9SyJPg_zh680uccY8I45uyhUSndj0Fi0A8ppF2Cwimw/viewform

Event deadlines:

Last date of Registration: 16/06/2022

Confirmation of Registration: 17/06/2022

Event Date:

For participants outside Tezpur University: 18/06/22

For participants from Tezpur University: 19/06/22

Venue:

Office of the CMDR, TLC Building

Tezpur University, Tezpur-784028, Assam.

Contact:

Center for Multidisciplinary Research
Tezpur University, Napaam
Tezpur, Sonitpur
Assam, 784028, INDIA.
Email: cmdr@tezu.ernet.in
Phone: +91-3712-275117

PATRON

Prof. Vinod Kumar Jain, Vice-Chancellor, Tezpur University

ADVISOR

Prof. D. K. Bhattacharyya, Pro- Vice-Chancellor

ORGANIZING COMMITTEE

Prof. Ramesh Chandra Deka, Director, CMDR

Prof. Rabin Deka, Dept. of Sociology, Faculty member

Prof. Suvendra Kumar Ray, Dept. of MBBT, Faculty member

Prof. Joya Chakraborty, Dept. of MCJ, Faculty member

Dr. Nima D Namsa, Dept. of MBBT, Faculty member

Dr. Sanjeev P. Mahanta, Dept. of Chem. Sc., Co-Coordinator

Dr. Siddhartha S. Satapathy, Dept. of CSE, Coordinator



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REGISTRATION FORM

Name: Dr/Mr./Ms. _____

Mother's Name: _____

Father's Name: _____

Gender: _____ Religion: _____ Cast: _____

Address for communication: _____

Brief Description of the Hearing/Speech Problem: _____

Mobile Number: _____

E-mail: _____

DECLARATION BY THE APPLICANT

The above mentioned information is true to the best of my knowledge and belief. I shall attend the program for the entire duration.

Place:

Signature of the applicant

Date:

CMDR Office

RECOMMENDATION

Dr./Mr./Mrs. _____ is hereby allowed to attend the outreach program on Speech & Hearing at CMDR, Tezpur University.

Date:

Signature of the Recommending Authority
Designation:

Office Seal: