



Now you can plan for a career in Healthcare !!

Attn.  
Students

10<sup>th</sup>  
12<sup>th</sup>

# The B.E.S.T. Academy

## Biomedical Excellence and Science Training

### Shalom Institute of Health & Allied Sciences

Sam Higginbottom University of Agriculture, Technology & Science

Allahabad 211 007

Date

28  
Feb  
2017



Time

10 a.m  
to  
05 p.m

The Best Academy is a one-day science educational programme for high school and intermediate school students interested in the health sciences as a prospective profession.

Students will experience a unique, behind the scenes view of medical and biomedical career including:

- » Gross anatomy of the human body: An exposure
- » Hands-on laboratory experiments in medical technology and drug discovery
- » Exposure to state of the art advanced drug discovery techniques
- » Lectures from research and medical faculty
- » Visits to research labs
- » College prep seminars

\* The programme is limited to 30 students on a first come, first served basis.

\* Certificate of attendance will be provided.

\* Programme Registration : Rs. 50/-

Last date of enrolment: February 22, 2017

Enrolment form can be downloaded from  
[www.shiats.edu.in](http://www.shiats.edu.in)

For more information please contact:

Dr. Udaya P. Singh  
Ph. 0532-2684147, 9506063408  
Email: [udaya.singh@shiats.edu.in](mailto:udaya.singh@shiats.edu.in)

**Enrollment Form**  
**The B.E.S.T. Academy**  
**Biomedical Excellence and Sciences Training**  
Shalom Institute of Health & Allied Sciences  
Sam Higginbottom University of Agriculture Technology & Sciences  
Allahabad UP 211007

Name: .....

Educational Status: .....

Father Name: .....

Mother Name: .....

Date of Birth: .....

Address: .....

.....

.....

Email ID and Contact NO: .....

**Signature of the candidate**

-----**FOR PARENTS**-----

Dear parents/legal guardian

Your son/daughter is interested to participate in a BEST academy conducted by SHIATS, Allahabad. This training school will take place under the guidance and supervision of employees from Faculty of Health Sciences, SHIATS.

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

-----**STATEMENT OF CONSENT**-----

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place in Faculty of Health Sciences, SHIATS and that my child will be under the supervision of the designated University employee. I hereby agree on behalf of myself and my child, to release employ of SHIATS, from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation.

Signature Father/Mother/Legal Guardian  
(Name, Address and contact no.)

-----  
-----  
-----