

*NATIONAL WORKSHOP ON*  
**“Cryptogam Taxonomy: Field to Laboratory”**

Organized by:

**Taxonomy Research & Training Centre (AICOPTAX, MoEF&CC, Govt. of India)  
& CAS, Department of Botany, University of Calcutta**

Date: 29<sup>th</sup> January to 5<sup>th</sup> February 2019

**Venue:** Department of Botany; University of Calcutta; 35, Ballygunge Circular Road; Kolkata – 700 019

**Convenor:** Dr. Debabrata Maity

A workshop on **“Cryptogam Taxonomy: Field to Laboratory”** is going to be organized by the Taxonomy Research & Training Centre (AICOPTAX, MoEF&CC, Govt. of India) & CAS, Department of Botany, University of Calcutta, 35, Ballygunge Circular Road, Kolkata-700 019, West Bengal on and from 29<sup>th</sup> January to 5<sup>th</sup> February 2019.

During this course renowned scientists and professors of respective field would deliver lectures and conduct hands on training on the following aspects:

- Significance of cryptogam taxonomy
- Methods and practices of field survey and collections
- Modern techniques in cryptogam research
- Identification of key families of cryptogams
- Study of fossil cryptogams
- Present scenario of cryptogam diversity of India and status of exploration in the country
- Herbarium techniques
- Plant nomenclature: International Code of Nomenclature for algae, fungi and plants (ICN).
- Isolation, culture & cultivation of microalgae

**TOTAL SEATS: 15 [first-come, first-served basis]**

Interested persons are requested to register in prescribed format on or before 15<sup>th</sup> January 2019. Selected candidates will be informed in due time.

Registration fee: Rs. 3000/-

**Address for communication:** [aicoptax29322016@gmail.com](mailto:aicoptax29322016@gmail.com)

**Convenor**

Dr. Debabrata Maity  
Department of Botany  
University of Calcutta  
35, Ballygunge Circular Road, Kolkata – 700 019, West Bengal  
E-mail: debmaity@yahoo.com  
Phone : 9433088157, 9123088609 (m); 033-2461-5445 (extn. 291) (O)

**National Workshop on:**

**“Cryptogam Taxonomy: Field to Laboratory”**

29<sup>th</sup> January to 5<sup>th</sup> February 2019

**Registration form:**

Name : Prof./Dr./Mr./Ms.

Name and address of institution :

Date of birth :

Sex :

Subject & Specialization :

Research experience/Teaching experience :

Telephone/mobile :

E-mail :

Signature :

Date:

Place:

Signature