



Thursday 5 November EU-India PARTNERING EVENT

PROFILE FORM

ORGANISATION DETAILS					
Organisation name All India Institute of Medical Sciences					
Street * Ansari Nagar					
ZIP * 110029		City * New Delhi		Country * India	
Phone * 91-11-26588153			Fax 91-11-26588663		
Email * sambakh@gmail.com			Web		
Employees	<input checked="" type="checkbox"/> 1-10	<input type="checkbox"/> 11-50	<input type="checkbox"/> 51 - 250	<input type="checkbox"/> 250 +	
Organisation type	<input type="checkbox"/> University	<input type="checkbox"/> Research Center	<input type="checkbox"/> Industry	<input type="checkbox"/> SME	<input checked="" type="checkbox"/> Other
Department	Medical Oncology				
Short description of your company/organization	Tertiary care cancer center with all subspecialities of cancer.				

PARTICIPANT			
Gender	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	Title Dr.
First name	Sameer		
Last name	Bakhshi		
Position	Associate Professor		

PARTNERSHIP PROPOSAL	
<p><u>EU-India partnering event session participation:</u></p> <p><input type="checkbox"/> Sustainable production and management of biological resources from land, forest and aquatic environment</p> <p><input type="checkbox"/> Fork to farm: Food (including seafood), health and well being</p> <p><input type="checkbox"/> Life sciences, biotechnology and biochemistry for sustainable</p> <p><input checked="" type="checkbox"/> Health</p>	
<p>Areas of activity (<i>Free keywords</i>)</p>	<p>Pediatric Cancers</p>

PROJECT DESCRIPTION	
<p>Title of your research project in one sentence</p>	
<p>Short description of project</p>	
<p>Description of expertise offered</p>	<p>Therapy of pediatric hematological and solid malignancies, as well as primary bone and soft tissue sarcomas (for all age groups).</p>
<p>Description of requested partner expertise</p>	<p>Those interested in the biology of various pediatric cancers.</p>