



Registration Begins

October 24, 2016

Registration Closes

November 25, 2016

Workshop Date

November 29-30, 2016

Contact

Prof. U. N. Dwivedi

Coordinator

**Bioinformatics Infrastructure Facility
Centre of Excellence in Bioinformatics**

Department of Biochemistry

University of Lucknow

Lucknow-226007

Phone: 0522-2740132

Email: bif.events@gmail.com

Workshop on Molecular Modeling and

Dynamics Simulation Analyses

November 29-30, 2016

Bioinformatics Infrastructure Facility

Centre of Excellence in Bioinformatics

Department of Biochemistry

University of Lucknow

Lucknow-226007



Course Content

- **Homology Modeling**
- **Molecular Docking**
- **Protein-ligand interaction Analyses**
- **MD Simulation of Protein-ligand complex**
- **Analyses of MD Trajectories**
- **Visualization of Dynamic complexes**

Venue

Bioinformatics Infrastructure Facility (BIF)

Centre of Excellence in Bioinformatics (COEBI)

Department of Biochemistry University of Lucknow

Lucknow-226007

Uttar Pradesh, India



Objective of the workshop

The objective of the training program is to give exposure to the participants to concepts, skills and tools of bioinformatics and to provide hands on training on various bioinformatics approaches such as basics of sequence analysis, computer-aided drug designing, molecular modeling, protein-ligand interaction analyses and molecular dynamics simulation analyses through online as well as offline tools and software.



Date	November 29-30, 2016
Duration	2 days
Subject of area	Computational and Structural Bioinformatics
Methodology	Lectures, Demos with Hands on session
Level of participants	Faculty, Research Scholars and Students from various colleges, universities and research organizations
Prerequisites	Minimum skill in operation of computer
No. of participants	25
Registration fee	Rs 2000/-

Procedure for selection

- **Submission of CV before deadline via E-mail**
- **Fee submission before deadline**
- **All selection will be done on first come first serve basis**
- **Communication via Email**

Registration Form

Name

Date of Birth

Department and Institution

Address

Educational Classification

Phone/ Mobile

E-Mail

Mode of Payment

- **Cash**
- **DD**

DD No.

DD Date

Applicant's Signature

Signature of Supervisor/ Head of Department/ Project Coordinator