



# Registration Form

## National Conference in Medical Informatics

### (8<sup>th</sup> Biennial Conference IAMI)



Name: Prof/Dr/Mr/Mrs.	
Age :	
Sex : Male/Female	
Designation :	
IAMI Membership Status : (Yes/No) If Yes, Membership No.	
Abstract submitted : Yes/No	If yes, Abstract ID :
Organization	
Address	
Mobile :	Phone(Off) :
Email ID :	
Wish to participate : Workshop/Tutorial – Yes/No If Yes : Workshop/Tutorial ID Conference- Yes/No	
Registration Fees to be paid by Demand Draft in favor of “NCMI 2012” payable at New Delhi.	
DD No. :	Bank :
Amount : Rs.	
Workshop participants should provide the following information: PG (Subject)	
Specialization :	
Signature of Applicant	
Date	