



## HIV/AIDS and TB: PAST, PRESENT AND FUTURE: 2006

Department of Medicine, All India Institute of Medical Sciences, New Delhi- 110029 INDIA

13<sup>th</sup> - 15<sup>th</sup> January 2006

**AIIMS Golden Jubilee Celebration**

(PRINT THIS FORM AND EMAIL, FAX OR MAIL IT TO THE CONFERENCE SECRETARIAT BY 15<sup>th</sup> DECEMBER, 2005)

### REGISTRATION FORM

SURNAME:	MIDDLE NAME /INITIALS	TITLE (Mr/Mrs; Dr/Prof)

**DESIGNATION:** \_\_\_\_\_

**INSTITUTION:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **COUNTRY OF RESIDENCE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 (Please provide the full address you would like to use for regular correspondence)

**CITY:** \_\_\_\_\_ **PIN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
 (Please include country code as well as area code)

**OFFICE ADDRESS** \_\_\_\_\_  
 (If other than above mentioned address)

**MAIN AREA OF WORK:** \_\_\_\_\_  
 (Socio-economic research, Public health, Clinician, Biomedical research, Industry, Student, other)

**REMITANCE DETAILS:**

**DD/ Cheque Number:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Bank:** \_\_\_\_\_

**DECLARATION**

*"I hereby declare that all the statements made in this application are true and correct to the best of my knowledge. I agree to abide by the rules of the conference/ CME as laid in the current memorandum of the conference/ CME."*

Date:

Place:

*Signature of the applicant*