Registration Form

Name: ……..
Companion (Rs.1800)……
Address for correspondence :……
……
……
……(Pin Code)……
Tel. (O)……. (R) …… (M) ……
E-mail:……
Member of ISPAT: Yes/No……
Delegate Fee:…….. Pre Congress Workshop :……..
Post Congress Workshop: ……Total: ……

Payment : DD Payable at Delhi in favor of "8th conference of **ISPAT** "

Bank Name……..
…… Amount……..
DD No. …….. Drawn on: ……
……

Date …… Signature……..

Mail Form to: Secretariat, Room No. 3073, 3rd Floor,
Teaching Block, deptt. Of OB/GYN, AIIMS,
Ansari Nagar, New Delhi – 110029
Ph. 26593566, 26594585 Mob.: 9871439533
E-mail: dpk_deka@yahoo.com, Madhulikakabra@hotmail.com