

**National Conference on Medical Informatics- 2014 (NCMI -2014)**

**30th – 31st October 2014, JLN Auditorium A.I.I.M.S, New Delhi, INDIA**

**REGISTRATION FORM**

**Secretariat Use Only**

Date Received:

Registration No.:

Please complete the form and send by e-mail or fax or post to the Conference Organisation Secretariat before   
**October 15, 2014**. Should you have any questions, please do not hesitate to contact **Dr. Ashutosh Biswas.**

**Tel: +91-9868397248, 9868397023 Fax: 91-11-26588663 E-mail:** [**ncmi2014aiims@gmail.com**](mailto:ncmi2014aiims@gmail.com)

**+91-11-26588332**

**Personal Information** (Please type or print clearly in CAPITAL LETTERS)

**\***all fields marked with a star are mandatory.

\***Title:**         Mr.        Ms. Prof.      Dr.          Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**\*Status at conference:**

Delegate Student Delegate Invited speaker Committee member Paper Presenter

**\*Please choose position:**

Senior/ junior researcherPost-doctoral Doctoral student Government official Academic

Industrial Sponsor Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**\*First (Given) name: Middle name: \*Last (Family) name:**

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**Passport number:** (for Visa Purpose)

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**\*Organization:**

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**\*Postal Address:**

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**\*Postal Code: \*City/State \*Country:**

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**\*Tel: (**country code-area code –Tel no.) **Fax:** (country code-area code- Tel no.)

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**E-mail address:**

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**Summary of payment**

**\*Registration fee:**

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|  | | **By July 30**  **(Early Bird)** | | **15th Oct**  **(Regular)** | **Spot** | |
| **Non Member** | **` 3000/-** | | **` 3500/-** | | | **` 4000/-** |
| **IAMI Members/Institution/ Govt. Delegates/** | **` 2500/-** | | **` 3000/-** | | | **` 3500/-** |
| **Student** | **` 1200/-** | | **` 1500/-** | | | **` 2000/-** |
| **Virtual Conference\*** | **` 4800/-** | | **` 5400/-** | | | **` 6000/-** |

***\*Virtual conference will be through an online conference programme with restricted access.***

**For SAARC Country delegates – 180 USD**

**For NON-SAARC Country delegates – 360 USD**

**\***If you are an IAMI member, Please give IAMI Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Student must show/submit a copy of his Student I Card.

An email message confirming receipt of payment will be sent to the address provided above. Please bring the confirmation message with you to the registration desk to facilitate the registration process. Places in the conference will not be held without payment of the registration fee.

\***Payment can be made by Cheque / Draft / Card.** Payment made by Cheque / Draft should be drawn in favour of **“NCMI 2014,”**   payable at New Delhi. Outstation charges will be put as applicable.

**Payment method**

 Cheque  Cash

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| **Card type:** | VISA | | | | Master | | | | | | | JCB Draft | | | | | | | | | | |  | | | | | | |  |  |
| **Name of card holder:** | | | | |  | | |  | | |  |  | |  | | |  |  | | | | |  | | | | | | |  |  |
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| **Expiry date:** |  |  |  | |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **V-code:** |  |  |  | |  |  | |  | |  | (last 3 digits located on the back of the credit card) | | | | | | | | | | | | | | | | | | |  |  |
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| **Signature of card holder:** | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date:** | | | | | (mm)/ | | | | | | | (dd) |  |



**Cancellation Policy**

**⮞** Up to two weeks before event, full registration fee (minus handling charges)  
**⮞**  Up to one week before even, 80% (minus handling charges)

⮞ Cancellation must be sent in writing to: **ncmi2014aiims@gmail.com**