Registration Form

Name .....……

(Block Letters)

Designation.....

Hospital/Institution.....

Correspondence Address .....
.....
.....

Phone : Off..... Resi .....

E-mail.....

Registration Fee Rs. .....

Participation Category: A B C

(Please tick(✓) which is applicable)

DD/Cheque No ..... Dated.....

Drawn on Bank.....….

I wish to present paper/poster titled.....……
.....

Date..... Signature.....