

Registration Form:

"Please ensure that registration fee has paid before filling registration form. You have to provide payment information while filling the online registration form."

Delegate Name: Dr. /Prof. /Mr. /Ms.
.....

Designation: Organization:.....

Category: Faculty Staff Nurse Student

Nationality: Indian Foreign

Mailing Address:
.....

.....Pin code:

City: Country:

Contact Number (Mandatory):
.....

Email Address (Mandatory):
.....

Preferred food: Vegetarian Non-Vegetarian*

*(Halal Food will be served)

PAYMENT DETAILS: (Mandatory):

Amount Paid (In Figures):

Mode of Transfer (Demand Draft/ NEFT/ Wire Transfer).....

DD No. / NEFT transaction No./ UTR No.

Date of Transfer (DD/MM/YY):

Name of Bank:

Branch: