



REGISTRATION FORM

Name: Dr /Mr/Mrs/

Gender: Male/ Female: Category: General/ Student

Medical Registration No: Designation:

Organization.....

Address:

.....

PIN: State.....

Mobile No..... Alternate No:

E- mail: Alternate Email:

I wish to avail free bus facility from Bengaluru to SDUAHER, Kolar: Yes/ No

Online transfer transaction details: NEFT/ IMPS

UTR No: Date of transfer:

Name of the Account holder:

Name of Bank: IFSC Code:

I wish to Present paper/Poster in the conference,

Paper/ Poster title:

.....

Please mail filled registration form to samanvaya.cim@gmail.com OR ayushnitin@gmail.com

Dr. Nitin Patil
Organizing Secretary
Mob: 98862 11008

Dr. Prabhakar K.
Organizing Chairman