

REGISTRATION FORM

PG EXCEL 2018

10th and 11th Feb.2018

Adichunchanagiri Institute of Medical Sciences, B.G. Nagara

Name:

Age : Sex : Designation :

Institution :

Postal Address :

PIN : Contact No.:

Email :

State Medical Council : Registration No.:

Mode of Payment: DD/NEFT

Payment Details :

Registration Fees :

Accommodation Charges :

Total Amount :

No. of Persons :

No. of Days :

Hotel :

Room Type :

(Please send at least a day's rent for booking the room in advance)

DD No. :

Date : Branch :

Bank : Place :

NEFT Transaction ID :

(In case of NEFT, kindly send the scanned copies of the receipt and duly filled form)