

# Registration Form

Name : \_\_\_\_\_

Age : \_\_\_\_\_ Sex : \_\_\_\_\_

Mailing address (along with PIN number) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone :

Mobile phone : \_\_\_\_\_ Residence : \_\_\_\_\_

Email : 1. \_\_\_\_\_ 2. \_\_\_\_\_

Name of the State Medical Council : \_\_\_\_\_

State Medical Council number : \_\_\_\_\_

AOHK Member :  Yes  No

Accompanying Person :  Yes  No

Post Graduate :  Yes  No

Total amount : \_\_\_\_\_

Mode of payment :  Cheque  Demand Draft

Name of the bank : \_\_\_\_\_

Number : \_\_\_\_\_ Date : \_\_\_\_\_

(Photocopy of this form can be used to register for the conference)

**Organising Secretary**  
**Dr. Naveen Ramesh**

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