

Registration Form

Name:

Age/Sex:

Designation:

Address:

Mobile Number:

Email :.....

IAPM Number (For Members):

HOD Certificate (If Student):

College/ Institute:

Bank Details:

Mode of Payment:(Cash/ Multicity Cheque /Draft) : Payable to "SCIENTIFIC COMMITTEE" Index
Medical College Indore

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Amount:

Bank:

Date:

Cheque Number:

Draft Number: