



# KAPCON 2016 DHARWAD



The 43rd Annual Conference of  
Karnataka Chapter of Indian Association of Pathologists and Microbiologists

## REGISTRATION FORM

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

Male : \_\_\_\_\_ Female: \_\_\_\_\_

Institution: \_\_\_\_\_

Designation: \_\_\_\_\_

Registration for Conference

Conference + CME

Address: \_\_\_\_\_

City: \_\_\_\_\_ PIN: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medical council registration No: \_\_\_\_\_

KCIAPM Membership No: \_\_\_\_\_

PGs must submit certificate from HOD

### Payment Details

DD/Cheque No: \_\_\_\_\_ Dated \_\_\_\_\_

for Rs . \_\_\_\_\_ Drawn in favour of

“SDM-CYTOPATH” payable at Dharwad.

RTGS/NEFT transaction id: \_\_\_\_\_ Dated: \_\_\_\_\_

IFSC Code : SYNB0001247

A/C No: 12472010001008

A/C Name: SDM-CYTOPATH

Bank Name: Syndicate bank

Branch: SDMCMS&H Dharwad branch:

**Please Send the completed Registration form to Organizing Secretary.**

**Conference Secretariat**

**Dr Aneel Myageri**

**Organizing Secretary**

**SDM College of Medical Sciences & Hospital, Sattur, Dharwad- 580 009**

**Phone: 9481129185 Office e-mail :**

**kapcon2016@gmail.com**

**www.sdmmedicalcollege.org/kapcon2016**