REGISTRATION FORM

20th ACRSI Fellowship Course in Colo-Proctology

4th April 2016 to 8th April 2016

Name : .....

Designation : .....

Address [Complete, including Pincode & State] .....

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E-mail id : .....

Mobile / Contact number [Include area Code] : .....

Registration Charges:
Rupees 10,000/- (Including Service taxes)

Modes of payment:
A) By Demand Draft [DD] in favour of **'SURGERY SDM DHARWAD'**, payable at Dharwad.
B) By NEFT transfer into Saving bank account of **'SURGERY SDM DHARWAD',**
Syndicate Bank, SDMCMSH Branch, Savings Account Number:**12472010009841**
IFSC Code: **SYNB0001247.** Once transfer is done, email us at
facrsi2016@sdmmedicalcollege.org with the UTR number (Transaction Number) and your details for registration.
C) By cash payment at the conference secretariat.

I am enclosing:

DD number: ..... Amount: ..... Date: .....

Name of the Bank: ..... Place : .....

Signature: ..... Date: .....

This registration form can also be downloaded from our webpage:
www.sdmmedicalcollege.org/facrsi2016

Mail completed forms to Conference Secretariat:
Dr Rajashekar Mohan, Organising Secretary,
Department of Surgery,
SDM College of Medical Sciences & Hospital, Sattur, Dharwad: 580009, Karnataka, India.
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