

NATIONAL CADAVERIC HEAD & NECK DISSECTION WORKSHOP
(24TH – 25TH NOVEMBER 2018)
REGISTRATION FORM

Name: _____

Registration No: _____

Designation: _____

Institution: _____

Address for Correspondence:

City: _____ State: _____

Pin Code: _____

Mobile No.: _____

E-mail: _____

COURSE FEES :

HANDS-ON (LIMITED SEATS) – Rs. 11,000 /-

HANDS-ON with residential package (AC Rooms Limited Available) — Rs. 15000 /-

OBSERVER – Rs. 6000 /-

Hostel accomodation Rs. 500 / day.

Amount payable INR: _____

Mode of Payment:

Cheque / DD No. _____ Date: _____

(In favor of CHIRAYU MEDICAL COLLEGE AND HOSPITAL, Payable at Bhopal)

For Online Payments:

Account Name: CHIRAYU MEDICAL COLLEGE AND HOSPITAL

Bank Acc No: 50200024362177

IFSC Code: HDFC0000062

Bank Name & Branch Address: HDFC Bank Ltd. Arera Colony, Bhopal.

Delegate Signature _____

**All payemnts to be made by the Demand Drafts / at Par Cheque to be drawn in favour of
“Chirayu Medical College and Hospital” payable at Bhopal.**

**HANDS-ON (LIMITED SEATS) —Contact- DR. Bipin Khade FOR AVAILABILITY On
+919325301757**

Email: drbipinkhade@gmail.com

Log on to www.cmchbhopal.com for details