

Registration is mandatory for all the participants.

REGISTRATION FORM

Name : Prof/Dr(BLOCK LETTERS)

Gender: MaleFemale.....

Nationality: Indian / Foreign

IMSA member : YES/NO If YES, IMSA PID No.

PMC Reg. No.

Designation : Speciality :

Address.....

Institution/ Organization :

State : PIN :

Mobile :.....Email id.....

Scientific Paper presentation : Yes/No : Oral /Poster

Payment details : DD/RTGS

Total ₹.....drawn on (Bank & location)

Transaction ID/DD No. date ---/---/---

Dated: Signature

The registration fee may be paid by Demand Draft (DD) or through RTGS payable at Ludhiana as follows:-

Name of the account: Dayanand Medical College & Hospital, Managing Society

Account No. : 51202011017402 IFSC Code : ORBC0105120 Swift code : ORBCINBBIBD

Name of the bank : Oriental Bank of Commerce D.M.C. & H., Ludhiana-141001(Pb.)

Kindly send the filled form (Photo copy may be used) to Conference Secretariat :

Prof. Sandeep Kaushal,
Organizing Secretary, IMSACON Midterm 2016,
Department of Pharmacology, Dayanand Medical College and Hospital, College Campus,
Civil Lines, Ludhiana, Punjab (141001)
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Organized by:-

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Dayanand Medical College & Hospital,
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