CME on Essentials of Genetics

July 8, 2018 | Sunday

The Wood Rose Club
Brigade Millennium Campus, 7th Phase J.P.Nagar,
Bengaluru, Karnataka - 560 078.

PROLIFE
A Centre for Maternal & Fetal Health
Karthik Ultrasound Scan Centre

MEDISCAN
Learn Teach Serve
MediScan
Ultrasound | Fetal Care | Genetics | Perinatal Pathology

REGISTRATION FORM

- Please fill in all the details. Kindly type or write legibly in bold letters.
- The completed form and Demand Draft may be posted in the enclosed self addressed envelope.

Delegate Name:		**Speciality:**
Address:		
City:	**State:**	**PinCode:**
Country:	**Phone (Res):**	**Phone (Clinic):**
E-Mail:		**Fax:**

Please note:

- Mode of Payment - Cash / Demand Draft.
- Demand Draft should be made in favour of "MediScan Systems" payable at Chennai.
- Registration limited to 75 Delegates only.
- Cancellations should be intimated in writing on or before 20th June 2018.
- Cancellations made after June 20th, 2018 will not be entertained.
- 60% of registration fee would be refunded only after one month of the event.
- Rates mentioned above are inclusive of GST.

Registration Fee

Delegates : INR 4000
PG Student : INR 2000

(PG Students to produce
a. ID card copy
b. Bonafide certificate
from their institutions.)

Total payment enclosed

Bank details

Account Holder Name	:	Mediscan Systems
Account Number	:	03232560002094
Account Type	:	Current account
Bank name	:	HDFC BANK
Branch name	:	P. S Sivasamy Salai, Mylapore, Chennai - 600 004.
RTGS / NEFT IFSC	:	HDFC0000323

On completion of the fund transfer, kindly furnish your transaction details such as:
Delegate name:
Bank:
Transaction date:
UTR No.
Amount:
*to **events@mediscan.org.in** to generate receipt.*

DD. No.: **Date:**

Signature of the Delegate: Date:

For office use only

DD recd. on ..... Amount .....

DD No. & Date ..... R. No. & Date .....

Issuing Bank ..... Remarks .....

SECRETARIAT
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