

# REGISTRATION FORM

Name:

Age:

Designation:

Address:

City:

State:

Postal Code:

Phone No:

Mobile No:

Delegate:  \*Post Graduate Student:

D.D. / Cheque No:

Dated:

Bank:

*Please send the DD / Cheque in favour of Stomach CME-2011 Payable at :*

**State Bank of Travancore, North Paravur.**

*Please add Rs. 30/- for outstation Cheques.*

*\*Certificate from HOD is needed*

To **Dr. K. Prasad** M.S., F.M.A.S., D.N.B. (G.I. Surgery)  
Conference Secretary, Stomach CME - 2011  
Dept. of Surgical Gastroenterology  
Sree Narayana Institute of Medical Sciences  
Chalakka, North Kuthiyathodu, Ernakulam - 683 594