

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)
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