



**NATIONAL SEMINAR ON OCCUPATIONAL HEALTH
&
WORKSHOP ON PRE- HOSPITAL TRAUMA CARE IN OCCUPATIONAL INJURIES**

REGISTRATION FORM

(Please use Capital Letters only)

Name:
Designation:
Age & Gender:
Name of the Institution (Affiliation):
Communication Address:
City:
State :
Pin Code:
Phone No:
E-Mail:

Registering for: Seminar Workshop Both

Payment Details:

I am enclosing herewith the registration fee for Rs. (figures)

Rs. (In words)

By DD / Cheque / NEFT transaction No. (Tick appropriately) :

Dated:

Drawn on:

Bank in favor of "SEMINAR CMFM" payable at Jodhpur.

(A/C No: 18720100020510, IFSC: BARB0INDJOD.)

Date:

Signature: