



NCPE2019

AIIMS JODHPUR



7th National Conference on Pediatric Education

REGISTRATION FORM

Name (As it should appear on your badge and certificate)

Gender: Male Female MCI / State Registration No.:

Speciality Designation :

Organization

Address

City : Mobile (mandatory) :

Email(mandatory) :

Registration for (1). **Conference**(Early bird – Rs 3500/-) (Y/N)

(2). **Workshop** (Name and Payment (Rs -1000 (for early bird) separately)

Payment Details:-

Mode of payment: Cash /DD/ Cheque (Payable at Par) in favour of "National Conference on Pediatric Education 2019 (NCPE2019)"

For RTGS:

Account name **"National Conference on Pediatric Education 2019 (NCPE 2019)"**

Bank Name: **Bank of Baroda, Industrial Estate Br., Basni Industrial Area Jodhpur (Raj) 342005**

Account No.: **18720100024562**

IFSC Code: **BARBOINDJOD** (5TH character zero)

MICR Code: **342012004**

Filled form with payment transection id must be sent either by email (scan copy) or post / courier Amount paid Rs. _____(as per guidelines mention in brochure)

Mode of payment – Cash/DD/RTGS/Cheques (multistate only)

Email : ncpe2019aiimsjodhpur@gmail.com

Address for correspondence -

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