



1ST RADIOLOGY REFRESHER COURSE

Organised by :
Department of Diagnostic & Interventional Radiology

Name : _____

(As it should appear on your badge and certificate)

Age: _____ Gender : Male Female

Specialty • _____ Designation • _____

Organization • _____

Address • _____

City : _____ Mobile (mandatory) • _____

Email (mandatory) : _____

ONLINE TRANSACTION ID (in case of online transfer) _____

Registration	Till 25 th October'17	After 25th October
Residents & Trainees	800	1000
Others	1200	1500

Kindly register online or by cheque or demand draft in favour of
"Radiology Academics AIIMS Jodhpur".

Online Transfer:

In case of online transfer, please e-mail this filled form in the e-mail address mentioned below or else carry the transaction-id along with you on the day of conference.

Beneficiary name: RADIOLOGY ACADEMICS AIIMS JODHPUR

A/C NO: 18720100022429

IFSC: BARBOINDJOD (Fifth character is zero)

No refunds will be entertained.

Address for Correspondence & sending cheque /draft:

Dr. Pushpinder Singh Khera

Conference Secretariat

Department of Diagnostic & Interventional Radiology

All India Institute of Medical Sciences, Jodhpur-342005

Tel Number: 0291 - 2740742 - 1982 (Ext.)

Email address: radioaiimsj@gmail.com