

**13th CME programme by Academy of Pathology
On “Hepatobiliary and Pancreatic pathology”**

Registration Form

Name : Dr.

Designation :

Institution :

Mailing Address :

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.....

City :State :

Phone : (O) (Res)

Mobile :

Email :

KMC NO :

Academy of Pathology Membership Number:

Registration fees: Members – Rs.400/-, Non Members – Rs.500/- , Spot – Rs.800/-

Last date for registration – 2/12/2017

Demand Draft No : In Favor of “**The Academy of Pathology**” Payable at Hoskote, Bangalore.

Bank : Dated :

Amount in figures: Amount in words:

OR NEFT transfer

Name of the Account : The Academy of Pathology

Account Number: 1349172000000592

IFSC code: KVBL0001349

Bank: The Karur Vysya Bank Limited

Branch: Hoskote EC

Please send completed form as email attachment mentioning NEFT transaction number if registration fee is paid by NEFT. If registration fee is paid by DD, send it along with the registration form to :

Dr. Kalyani R,

Secretary, “The Academy of Pathology”

H. No: 127/13, “Sri Ganesh”,

4th Main, 4th Cross, P C Extension, Kolar

Karnataka -563102

Mobile: 9448402775

email address: pathologyacademy@gmail.com