

REGISTRATION FORM

CAPCON 2017

**DEPARTMENT OF PATHOLOGY
LT SHRI BRKM MEDICAL COLLEGE,
JAGDALPUR
(18th -19th November 2017)**

Name:.....Age/Sex:.....

Designation:

Institute:

Address.....

Email.....Mobile No.:.....

Medical Council Registration No:

Registration Details

| Participants | Upto 18 th October 2017 | Spot Registration |
|---------------------|------------------------------------|-------------------|
| P.G. Students | Rs. 500/- | Rs. 1000/- |
| Delegates | Rs. 1000/- | Rs. 1500/- |
| Associate delegates | Rs. 700/- | Rs. 1200/- |

- **For PG student certificate from HOD is mandatory.**

DEMAND DRAFT: in favour of “DEPARTMENT OF PATHOLOGY” payable at PUNJAB NATIONAL BANK, Dimrapal, JAGDALPUR

DD No. _____

Bank Name: _____ Dated _____

Amount _____ (in words) _____

Payment for registration can also be done by NEFT/online transaction.

ONLINE /NEFT DETAIL

Beneficiary Name: DEPARTMENT OF PATHOLOGY

IFSC Code: PUNB0761100

Credit Account No.: 7611000100024804

Beneficiary Bank Name: PUNJAB NATIONAL BANK
Beneficiary Branch Name: DIMRAPAL, JAGDALPUR

- **Registration once done cannot be cancelled.**

Contact Detail for Registration Dr. Deepika Dhruw; Mobile no. : +917987121795

Registered candidate can send scan copy of receipt of payment along with registration form on email id: **cgcapcon2017@gmail.com**, or by postal address of: Department of Pathology, Lt Shri B R K M Govt. Medical College Dimrapal, Jagdalpur - 494001

Instructions for Abstract submission for oral Paper/ Poster Presentation

Only registered delegates and PG students can present a poster or paper.

Last date for Abstract submission is **18th October 2017**

Abstracts have to be submitted on email-id: cgcapcon2017@gmail.com

Time limit for oral presentation is 5+2 minutes.

List of accepted abstract will be declared on 21-10-2017 and emailed to respective author Email-id.

Poster size: 120x90 cm

Format for abstract submission - Times New Roman, Font Size 12, structured around 250 words.

Title: Entire title in capitals & bold letter without abbreviations

Authors: Underline presenting author

Designation:

Affiliation: Department:

Institution:

Address:

e-mail id:

Text containing: Aims and Objectives, Methods, Results and Conclusion

Contact Detail for Abstract Submission: Dr.Nitya Thakur; Mobile No. : +917898058997

DATE

SIGNATURE