

Name:

Contact Address:

Email id:

Mobile Phone No:.....

Medical Council Reg Number.....

Name of Medical Council

Veg / Non-veg:

Certified that Dr. is a.....year

PostGraduate student in Pathology.....

(College).....(Address)

(Signature of Head of Department with Office seal)

Registration on First come – First serve basis.

First 125 registrations only.

Payment Details:

DD No. with date:

Name of Bank & Branch.....

NEFT / RTGS done by.....

A/C No:.....

UTR No:.....

Cheques will not be accepted.

Date:

Signature

Registration starts from August 8th and ends on August 22th 2018.

Registration form with Screenshot/ print of online payments / DD to be sent to:

Prof. P. Arunalatha, MD., Prof & HOD of Pathology,
Department of Pathology, Stanley Medical College,
Chennai – 600 001, Tamil Nadu.

(You may use photocopies of this form)