

## Registration form

Name      *First name*                      *Middle name*                      *Last name*  
.....

*Name on certificate*.....

Age: .....                      Gender: M/F

Address for Correspondence:

Address of laboratory/ Institute:

Qualification: ..... Present Designation:.....

Years of experience:.....

Areas of interest: Hematology  Microbiology  Biochemistry

Clinical pathology  Histopathology  Immunopathology

Others

Contact      number: (compulsory): .....

E mail .....

Abstract submitted:       Yes       No

### Demand Draft Details:

Demand draft Number ..... Bank Name .....

Amount (Rs): ..... Dated: .....

**Note: Write your name and contact number at the back of the DD  
we accept DD only**