

## Conference Registration Form

Name (in Block letters) : Dr.....

State Medical Council Registration No:.....

Designation :.....

Institution :.....

Residential Address :.....

City :..... State :.....

Mobile :..... Email :.....

Transport facility required :  Yes  No  
Registration Fees :

	Upto 31st December	Upto 31st January	Feb 1st to spot
Post Graduate	Rs. 3000/-	Rs. 3500/-	Rs. 4000/-
Consultants	Rs. 3500/-	Rs. 4000/-	Rs. 4500/-
Foreign Delegates	Rs. 5000/-		

Proof of being PG to be certified by the concerned H.O.D. KMC has awarded Four credit hours for the conference. (Note : Registrations after 15th February, Certificate will not be issued with KMC credit hours.)

**Registration can be done by sending DD in favour of "CME FUND" Payable at Bengaluru**

Bank :..... Dated :.....

Amount in words.....

**OR**

**By NEFT/RTGS to**

**Account Name : CME FUND**

**Account Number : 134915500008161**

**Bank : KARUR VYSYA BANK EC BRANCH**

**IFSC Code : KVBL0001349**

**For Registration / Queries please contact :**

**Dr. Indrani K 9740146525**

**Dr. Shruthi N Shetageri 8277209401**

**Email : mvjpathcme@gmail.com**

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 :

**Professor & Head, Department of Pathology, MVJMC & RH, 30th KM Milestone, NH-4, Dandupalya, Kolathur Post, Hoskote, Bengaluru - 562 114.**

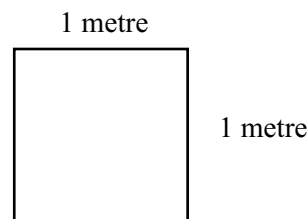
## Instructions for Poster Presentation

### **Poster Presentation can be from any topic**

\* Soft copy of Abstract in the following format (Max words : 250) to be sent latest by 31-01-2019 along with Conference registration form & Poster registration form to **mvjpathcme@gmail.com**.

- \* Title, author and affiliation
- \* For Case Reports - Introduction, Case Report & Conclusion
- \* For Original Studies - Introduction, Objectives, Material & Methods, Results & Conclusion

\* Size of the poster :



## Instructions for Oral Presentation

### **Oral Presentation can be from any topic**

\* Case series also permitted (minimum 6 cases)  
\* Soft copy of Abstract in the following format (Max words : 250) to be sent latest by 31-01-2019 along with Conference registration form & Oral presentation registration form to **mvjpathcme@gmail.com**.

1. Title, authors and affiliation
2. Introduction
3. Aims & Objectives
4. Material & Methods
5. Results
6. Conclusion

\* Time limit for Oral presentation :  
5 minutes + 2 minutes for questions

## Registration Form for Poster / Oral Presentation

Name :

Designation :

Institution :

Type of Presentation : Oral / Poster

Title of Paper / Poster :

Authors : 1.

2.

3.

Contact details of first author : Postal address

Mobile :

Email id :

Signature :

Date :