

5th National Conference of Student's Medical Research

13th & 14th January, 2012

Department of Community Medicine, Government Medical College, Thiruvananthapuram.

DELEGATE REGISTRATION FORM

Name:	
College Address:	
Student's Status	Undergraduate / Postgraduate
Mobile Number	
Email ID	
Nature of Presentation	Participation / Paper Presentation
Title of the Study	
Accommodation	Required / Not Required
Food	Vegetarian / Non Vegetarian
Payment Details	DD No: dated for Rs () drawn on date & (Name of the bank and branch)
Date	
Signature	

OFFICE USE ONLY

Receipt No:	
Abstract No:	

INSTRUCTIONS

1. Kindly fill all the particulars in **BOLD LETTERS**
2. Please strike off which is NOT applicable
3. DD Should be *crossed* and drawn in favor of **HOD, Department of Community Medicine**, Government Medical College, Thiruvananthapuram payable at **State Bank of Travancore, Medical College Branch, Thiruvananthapuram.**
4. If Accommodation is required, Kindly contact **Mr. Irishikesan** (Mob: +91 – **9496828034**). Kindly add ₹100 as advance which is non-refundable.
5. Non Delegates accompanying delegates shall register and the registration fee is ₹ 400. Scientific materials & certificate will NOT be provided.

6. PLEASE SEND THE COMPLETE FORM TO

Dr. K. Vijayakumar,

Professor & Head,

Organizing Secretary

5th National Conference 2012

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