



APAMBI 2018

REGISTRATION FORM



Full Name: _____

Category: Faculty PG

Designation: _____

Medical Registration No.: _____

College: _____

Workshop Conference Both

Scientific : Poster Paper

Mobile No.: _____

E-mail: _____

Address: _____

Bank Name: _____

DD / NEFT No.: _____

Date: _____ Amount Rs: _____

Payment through NEFT / IMPS:

Name: "CONFERENCES CMES MEETS WORKSHOPS"

Acc No.: 025705300006236

Branch: Dhanlaxmi Bank, NRI Medical College, Chinakakani Branch,

IFSCCode : DLXB0000257

DD should be drawn in favour of : "CONFERENCES CMES MEETS WORKSHOPS" payable at Vijayawada.

Scanned copy Registration form can be mailed to: drsowji85@gmail.com

: CONTACT US :

Dr V SIVA PRABODH

Org. Secretary - APAMBI 2018

☎ 9849231126

E-mail : vuddandiprabodh@yahoo.com

Dr MANNAVA PRASANTI

Hon'ble Org. Secretary - APAMBI 2018

☎ 9492053953

E-mail : pkanthi@gmail.com

Dr DESAI VIDYA SRIPAD

Jt. Org. Secretary - APAMBI 2018

☎ 9399972347, E-mail : desai.vidya@yahoo.com