

Registration Process

Terms & Conditions:

1. Only 1 Registration for one valid E-mail Address.
2. Registration will be confirmed only after receiving duly filled Registration Form and payment details (in case of DD original DD to be sent by Post)
3. Filled Registration Form should be mailed to nrisurgicon2018@gmail.com
3. Registrations are made on first come first serve basis.
4. Registrations might be closed prematurely if registrations cross expected limit.
5. For Spot Registrations, conference kit will be provided depending on the availability.
6. Decision of Organising Committee is final with regard to registration process and conduct of workshop. Suggestions accepted with scrutiny after discussion with organising committee.



NRI SURGICON 2018

REGISTRATION FORM

Full Name: _____

Male Female

Category: Consultant PG

Designation: _____

Medical Council Registration No.: _____

College / Hospital: _____

Mobile No.: _____

E-mail: _____

Address: _____

Bank Name: _____

DD / NEFT No.: _____

Date: _____ Amount Rs: _____

REGISTRATION FEE: Consultants Rs. 2000/-; PGs : Rs. 1500/-

Payment through Cash / DD / NEFT Transfer in favour of

“Surgical Gastroenterology”

Acc No. 025705300005702, Dhanlaxmi Bank,

NRI MC Branch, IFSC: DLXB0000257

For assistance mail us @ nrisurgicon2018@gmail.com

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