



HMB & IYCNCON 2016

REGISTRATION FORM

Name: _____

Address: _____

Phone No: _____ Email ID: _____

Payment Details: _____

Amount: _____ Cash/Cheque/DD No: _____

Please send the completed form to:

Dr. Suksham Jain, Professor Pediatrics, Govt. Medical College and Hospital, Sector 32-A, Chandigarh, PIN-160030 India. Telephone- 0172-2665545-49, 2665553-60, Extn (2512), M: 9988901596, Fax: 0172-4623855.
Email: dr.sukshamj@gmail.com, drsuksham@gmch.gov.in

Registration Information:

Workshop: Rs 1000

Main Conference: IAP Members: Rs 2500 Non IAP members and spot registration Rs 3000

PG Students, Nurses and Dieticians: Rs 1500

Payable to: Indian Academy of Pediatrics Chandigarh

Account no. 34491480062

Bank name: State Bank of India

Bank branch: Medical Institute, Sector-12, Chandigarh

IFSC code: SBIN0001524

Only Cash/DD/ at par Multicity Check Will Be Accepted