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| (Please fill in the registration form and send as email or hard copy to the Workshop Coordinator) | | | |
| Date : | 3rd February, 2019 | | |
| Venue : | : Auditorium, Govt. Medical College, Nagpur | | |
| Name : | | | |
| Age : | | Gender: | |
| Specialty : | | | |
| Current Position : | | | |
| Organization / Institute : | | | |
| Contact No. | | Email l D : | |
| Address for Correspondence : | | | |
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| Are you TCS Member ? Yes/No | | |  |
| If Yes, mention the Membership No. : | | | |
| Are you a student : Yes/No : | | | |
| (Please enclose a signed letter from the Head of Department of your Institute) | | | |
| **Payment details:** | | | |
| Payment Mode : DD/Cheque/Cash/NEFT : | | | |
| Amount : | | | |
| Amount (in words) : | | | |
| DD/ Cheque /Transaction ID No.: | | | |
| Dated : | | | |
| Bank Branch : | | | |
| Signature : Date : | | | |
| **Department of Pathology, Heamatology Section, Government Medical College & Hospital, Nagpur** | | | |
| ***Note :*** *Please fill in the registration form and send as email or hard copy to the Workshop Coordinator* | | | |