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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) : |
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| 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* |