

**OF INDIAN ASSOCIATION OF SURGICAL GASTROENTEROLOGY**

**DEPARTMENT OF NURSING AND SURGICAL GASTROENTEROLOGY, JIPMER**

**CNE ON GASTROINTESTINAL NURSING**

4th & 5th OCTOBER, 2017

**REGISTRATION FORM**

\*Name : \_\_\_\_\_

\*Address : \_\_\_\_\_

\*Professional Qualifications : \_\_\_\_\_

\*Hospital : \_\_\_\_\_ \* **RN/RM NO:** \_\_\_\_\_

Phone : \_\_\_\_\_ \*Mob : \_\_\_\_\_

\*Email : \_\_\_\_\_ \*Signature : \_\_\_\_\_

Payment Mode Online Transaction  Transaction Number : \_\_\_\_\_

Demand Draft  Demand Draft Number : \_\_\_\_\_

Registration fee	Registration plus one day accommodation	Registration plus two days accommodation
Rs.1200.	Rs.2200	Rs.3200

Please send the completed form with a cheque / DD favouring **IASGCON 2017**

For Bank Transfer

**Bank Name : Indian Overseas Bank**

**Account Name : IASGCON 2017**

**Account No. : 31050200000181**

**Branch : Pattanur, Puducherry**

**IFSC Code : IOBA0003105**

**Branch code : 3105**

\*For D.D / Cheque, Accepted on D.D / Cheque only in favour of  
" **IASGCON 2017** "

Registration  Accommodation  Accompanying person

Rupees (in words): \_\_\_\_\_

D.D / Cheque No: \_\_\_\_\_ Dated: \_\_\_\_\_ Bank: \_\_\_\_\_

**Registration form should be sent to :-**

**Correspondence,**

**Uma Prakash Babu, Organising Chairman**

**Dept of SGE, 4<sup>th</sup> Floor, Super Specialty Block**

**JIPMER, Puducherry, India-605006**

**sgcourses@jipmer.edu.in, ph-91-413-2297362**