



REGISTRATION FORM

(Please write in CAPITAL LETTERS)

Name

Badge Name

Designation

Qualification

Institution

Address

.....

E-mail

Tel. No. Mob.

Registration Charges Rs. 2500/-

Last Date 5th Aug., 2019

I am enclosing a Draft/Cheque No.dated

For Rs.

Drawn on (Name of the Bank)

Please keep a photocopy of the form for your record.

Date

Sign

Draft/Cheque may please be drawn at Delhi in favor of **"Sir Ganga Ram Hospital"** (No outstation cheques will be entertained) Please write your name and mobile no. at the back of Draft / Cheque.

Duly completed forms and Draft / Cheque to be sent by Registered Post to :

Conference Secretariat- Anita Vashisth (08826518602)

Ortho Spine Office, Room 1216 A, Sir Ganga Ram Hospital, Old Rajindra Nagar, New Delhi

E-mail : rupinder72@hotmail.com | Website : www.sgrh.com