

**REGISTRATION FORM:**

Name of the delegate (IN CAPITALS):

Designation:

Qualification:

TNMC registration No:

Institute/College:

Address for communication:

Mobile No.:

Email id:

Mode of payment: (Demand Draft only)

Details of DD:

Signature with date

**PAYMENT DETAILS:**

- **Registration fee: Rs. 750 (inclusive of TNMC certificate)**
- DD should be drawn in favour of **Sri Manakula vinayagar educational trust payable at puducherry.**
- Filled in registration forms along with DD should reach us on or before 30<sup>th</sup> July 2018.

**Mailing address:**

Dr. R. Gopal

Department of Microbiology

Sri Manakula Vinayagar Medical College & Hospital

Kalitheerthalkuppam

Pondicherry-605107

- Registration limited to 20 members on first come first served basis