

# REGISTRATION FORM

**POACON 2019**

5<sup>th</sup> - 6<sup>th</sup> Jan 2019

SMVMCH, Puducherry

Title : Prof.  Dr.  Mr.  Ms.

Full Name (in block letters) : .....

Age : ..... Institution : ..... Designation : .....

Address : .....

City : ..... State : ..... Pin : ..... Country : .....

Phone (Landline) : ..... Mobile (mandatory) : .....

E - mail (mandatory ) : .....

## Details of payment :

D.D /Cheque .....

RTGS / NEFT .....

A/c name : **POACON 2019**

A/c No. : **6690690479**

IFSC - **IDIB000M203**

Bank name : **Indian Bank**

Branch - **Madagadipet, Puducherry**

DD/ Cheque to be drawn in favour of **POACON 2019**

## Completed registration forms may be sent to :

**Dr. Sathyanarayanan. P**

Department of Orthopaedics,

SMVMCH, Madagadipet,

Puducherry - 605 107

e-mail - poacon2019@gmail.com

9843477427