USG-MSKP 2018

REGISTRATION FORM

Please complete in CAPITAL letters only

Title : Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐

Name :……

Designation:…….. Institution: ……..

Address : ……..

……

City : ……State : ……..Country : ……

Pincode: ……..Mobile : …… Tel(O) :……

Tel (R) : ……..Fax : …… Email: ……..

Food Preference: VEG ☐ NON-VEG ☐

Registration Fee :

- Rs 3000 for Trainee ☐
- Rs 4000 till 30th Nov ☐
- Rs 5000 after 30th Nov ☐
  (Including South Asian Countries)

- 100 USD for foreign delegates ☐

Mode of Payment:

Demand Draft : …… Bank transfer:……..……..

Cheque :…… Cash: ……..

1) Payment by Demand Draft / Multi-city Cheque in favor of "**KOLKATA PAIN CLINIC"** payable at Kolkata.
   DD/Ch.No : …… Amount: ……..
   Dated: ……..…….. Bank : ……..
2) **By Wire Transfer/ Bank Transfer/ NEFT/ RTGS**
   a) NAME OF BANK : STATE BANK OF INDIA
   b) ACCOUNT HOLDER : KOLKATA PAIN CLINIC
   c) ACCOUNT NUMBER: 35294509067
   d) BRANCH : SALTLAKE
   e) IFSC CODE : SBIN0012360

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