bcfconimphal2017@gmail.com

Date:





(Please fill in block letters and boxes as applicable)

Registration Form

Title: Dr. Prof. Mr. Mrs. Ms.

Name:			
(First Name)	(Middle Name)	(Last Name)	
Gender: Male Female			
Organization:	Designation:		
Address:			
City:	Pin:	State:	
Mobile (mandatory):	E-mail (mandatory):		
Name of Accompanying Person: 1		_ 2	

:Registration Fee:

Category	Upto 20th Feb. 2017	After 20th Feb. 2017
Delegate	INR 1500	INR 2000
Associate Delegate	INR 1000	INR 1300
Student	INR 1000	INR 1300
Trade Delegate	INR 2500	INR 2500

Bank Details: Payment Particulars:				
Account Name: Manage Health Foundation	Name of Bank: Kotak Mahindra Bank			
Account No.: 9411410255	Branch: Prernatirth Branch- Ahmedabad			
IFSC Code: KKBK0002570				
NEFT / RTGS Details:				
Please find enclosed the Cheque / Demand Draft in favor of	"Manage Health Foundation"			
Cheque / DD No: Dated:	_ Amount: Bank:			

Notes:

• All Registrations after 20th February 2017 will be considered as spot registration.

Registration is mandatory for all participants.

· PG Students have to submit a certificate from their head of department / institute.

• Separate registration (limited)is needed for workshops.

• The registration fee includes entry to all scientific sessions, conference meals and delegate kit bag. Spot registrations are not guaranteed of conference kit.

• The category of Associate Delegate includes only spouse, children & other dependent family members, if any. Associate delegate shall not attend / visit scientific sessions and exhibits.

Employees of non-participating Pharma / Diagnostics Companies / Market survey companies / Hospital groups are not permitted to register / entry conference venue.

Event / conference organizers / advertizing agencies / vendors are not permitted to register / enter conference venue during conference period.
Cancellation Policy: Registrations cancelled 2 weeks before the conference will be eligible for 75% refund of fees excluding service tax. After this date, no requests for

refund will be accepted. Refund will be processed after the two weeks of conference date.

Dr. Tomcha Singh Th.	Dr. Jitendra N.	
Organizing Chairman	Organizing Secretary	A -
(M) +91 94360 26996	(M) +91 70859 27972	N
(E) drtomth@gmail.com	(E) drg10dra@yahoo.co.in	
.,		

Conference Secretariat: NUCLEUS A - 1107, Siddhi Vinayak Tower, B/h DCP Office, Nr Kataria Motors, Makarba, Off S G Highway, Ahmedabad - 380 051, Gujarat, India.

For further information, please contact: Mr. Rajesh Sharma (M) +91 93740 73512 (E) rajeshsharma@nucleusindia.net