

# REGISTRATION

Participants are requested to register their names in the enclosed format within the stipulated time. The duly filled forms along with registration fee should be sent to the Organising Secretary. All payments are to be made by crossed DD in favour of 'CLINICAL GENETICS SYMPOSIUM' Payable at Thrissur. Payment can also be made through NEFT. Contact : jubileereg2017@gmail.com

Registration Fee: Up to 16<sup>th</sup> August: Rs. 1000/- Students- Rs 500/-

After 16<sup>th</sup> August: Rs. 1500/- Students- Rs 750/-

Spot Registration: Rs. 2000/- Students- Rs 1000/-

**Bank Details:** Clinical Genetics Symposium, Current A/c No. 0368073000000852  
The South Indian Bank Ltd, East Fort Branch, Thrissur, 680005, IFSC: SIBL0000368

## Registration Form

### NATIONAL SYMPOSIUM ON GENETICS IN CLINICAL MEDICINE

15 & 16 September 2017, Thrissur

Mail this form to

The Organising Secretary, Jubilee Centre for Medical Research  
Jubilee Mission Medical College & Research Institute, Thrissur, Kerala, 680005, India

Name Dr./Prof./Mr./Ms:

Designation:

Department:

Office Address:

Phone with STD code:

Mobile:

E-mail:

Title of the paper:

Name of the session:

Travel Grant Requested: Y / N

Amount enclosed

Regular/Student Rs :

DD number, date & bank /if NEFT payment, mention UTR number

Signature

Student delegate: Counter sign by HOD