



**All India Institute of Medical Sciences Rishikesh,
Uttarakhand**

**Department of Transfusion Medicine
& Department of Medical Oncology Haematology**

CME - Haematopoietic Stem Cell Transplant February 27, 2020

REGISTRATION FORM

Name _____

Designation _____

Department _____

Institution/Official Address _____

Email Id _____

Mobile _____ Date _____

Registration fee is Rs. 500/- for the participants.

Registration fee to be paid to the account:

Account Name: Medical Education AIIMS Rishikesh

Bank Name & Branch: Punjab National Bank, Pashulok, Rishikesh

Account No.(Rishikesh):6189000100043376 (Saving Bank A/c)

IFSC Code: PUNB0618900

Transaction details

Account Holder's Name	Account Number	Transaction ID/URT No.	Date of Transaction	Amount	Bank & Branch Name	Mobile No.

Kindly fill the registration form and send scanned copy with transaction details to tmb@aiimsrishikesh.edu.in and meconf@aiimsrishikesh.edu.in

Signature of the Participant/Delegate _____