



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

## **TRANSPLANTCON 2020**

**21 & 22 February 2020**

### Registration Form

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Institute:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mobile no:** \_\_\_\_\_

### Transaction details:

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

### **Signature of Participant**

### Registration Account Details:

**Bank:** Punjab National Bank  
**Account Name:** Medical Education AIIMS Rishikesh  
**Account No.** 6189000100043376  
**IFSC code:** PUNB0618900

### Contact Details:

**Phone:** +91-9500187437  
+91-8141278211

**Email ID:** [conference.gis@aiimsrishikesh.edu.in](mailto:conference.gis@aiimsrishikesh.edu.in)  
[meconf@aiimsrishikesh.edu.in](mailto:meconf@aiimsrishikesh.edu.in)

### Registration Charges

|   |           |
|---|-----------|
| Anesthesia Workshop (Advanced Hemodynamic Monitoring) only      | Rs.500/-  |
| CME/Workshop (Mandatory registration for Interns and Residents) | Rs.1000/- |

**Kindly send scanned copy of filled-in registration form with transaction details to above Email ID for registration**