



All India Institute of Medical Sciences, Rishikesh
Registration Form For Courses / Workshops

Name: _____

Designation: _____

Institute/Official Address: _____

Email : _____

Phone no. _____

Workshop / Course Selected with Program scheduled Dates:

Workshop / Course	Program Date	Registration fee

Registration fee payment details

Total Registration fee (Amount transferred):

Transaction no. & Date: _____

Signature of Participant

Registration Account Details

Bank : Punjab National Bank

A/C Name : Medical Education AIIMS Rishikesh

A/c No.- 6189000100043376

IFSC code- PUNB0618900

For participants from AIIMS Rishikesh, Registration fees can also be paid directly by Debit/Credit/ATM card through swipe machine available in Department of Medical Education, AIIMS Rishikesh.

For Registration Contact: Ms Ashisha Jangir Email: pa.aj@aiimsrishikesh.edu.in

Phone No 0135-2462679

Only digital transaction is permitted

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