



All India Institute of Medical Sciences, Rishikesh

CLSI Workshop on Antimicrobial Susceptibility Testing and Clinical Bacteriology Reporting
Department of Microbiology

5 November 2019

Registration Form

Name: _____

Designation: _____ Department: _____

Institute/Official Address: _____

Email: _____ Phone No. _____

Registration Fee

Pre-registration/Spot registration: Rs 1500

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
Account No. (Rishikesh): 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.

Contact Details

Phone: 0135-2462679 Email ID: meconf@aiimsrishikesh.edu.in

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

Note: Only digital transaction is permitted & Fees once paid shall not be refunded.