



# CME Programme on: "Primary Ear & Hearing Care"

On 2<sup>nd</sup>-3<sup>rd</sup> February, 2018 at MAMC, New Delhi



## Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Designation: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Country: \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail: \_\_\_\_\_

### Registration fee till 25<sup>th</sup> January, 2018:-

Individual Registration fee: INR 500/-

### Registration fee after 25<sup>th</sup> January, 2018:-

Individual Registration fee: INR 550/-

In case of group registration each participant should fill the registration form separately.

**Payment Details: A/c Name:** Society for Sound Hearing

**A/c No :** 90682010103710

**Bank:** Syndicate Bank

**Branch:** MAMC, New Delhi

**IFSC:** SYNB0009068

**Swift Code:** SYNBINBB126

**MICR Code:** 110025072

I am enclosing herewith Demand Draft (DD/Cheque) No. \_\_\_\_\_ date \_\_\_\_\_

for Rs. \_\_\_\_\_ (in words \_\_\_\_\_)

Drawn on bank \_\_\_\_\_ in favour of "**SOCIETY FOR SOUND HEARING**" payable at New Delhi.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of Delegate