



**CME Programme on: "Hearing Loss: Epidemiology, Detection & Prevention: A Multisectoral Perspective"**

On  
4<sup>th</sup>-5<sup>th</sup> October, 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 29<sup>th</sup> September, 2018:-**

Individual Registration fee: INR 1,000/-

**On spot registration:-**

Individual Registration fee: INR 1,200/-

**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