



# Symposium on: "Otitis Media: Total Solution from Primary to Tertiary"

On 30<sup>th</sup> July, 2016 at MAMC, New Delhi



## Registration Form

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

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

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

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

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

\* Do you have any special needs: \_\_\_\_\_

### Registration fee for Individuals: -

Individual Registration fee: INR 1000/-  Group Registration fee (for 5 persons): INR 4000/-

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

Registration fee for Students: INR 500/-

**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 HEGARING**" payable at New Delhi.

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of Delegate



Secretariat: Society For Sound Hearing  
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New Delhi- 110002  
Contact No. 23239271-76 Extn. 385  
Programme Officer: 9718751901, Administrative Officer: 9212666995  
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