

**Hands on Workshop on Multimedia and Medical Video Production
Telemedicine Center AIIMS Bhopal**

Date: 5th May 2018

Registration form

Name: _____ Age: _____ Gender: M F others

Institution: _____ Email id: _____

Address: _____ Mobile no: _____

Please Tick any one of the following

| | | | |
|----------------------------------|----------------------------------|--------------------------------|-------------------------------|
| UG student <input type="radio"/> | PG student <input type="radio"/> | Resident <input type="radio"/> | Faculty <input type="radio"/> |
|----------------------------------|----------------------------------|--------------------------------|-------------------------------|

(Please provide certificate of studentship from Dean/Principal/Head of Departments in case of UG & PG Students)

Payment details:

NEFT Transaction ID: _____ Bank: _____

Amount: _____ Date: _____

You wish to register for: Workshop Only Competition only Both

Registration for Inter-college Medical Video Production Competition is free for students who have registered for the workshop. It is mandatory to submit self-attested copy of Aadhaar/Pan card/Driving license (or any other government issued photo id) for students willing participate in the competition. **The Last date of Video Submission is 15th of May 2018.**

Declaration

1. The details provided by me are correct to my knowledge and I am solely responsible for their correctness.
2. My video submission is compliant to the rules mentioned in the brochure. My candidature may be cancelled at any stage if my submission is found non-compliant.

Place: _____

Signature: _____

Date: _____

Name: _____