



5<sup>th</sup> AUTOPSY QUIZ FORENSE (19<sup>th</sup> Oct.2019)

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), BHOPAL

Registration form

Team-1

Team-2

- Name of the Institute/Medical college:
- Address:
- Number of teams participating (✓):            01/02

Particulars of the teams		
	Team-1	Team-2
Name of participants	1. 2.	1. 2.
Admission year in MBBS		
Email id		
Mobile number		
Arrival date & time		
Departure date & time		

Transaction details: -    1. Amount:  
     2. Transaction id:  
     3. Date:

Forwarded by Dean/ HOD, FMT

Signature:

Seal:

Suggested question for Panel discussion on “Scope of Forensic Medicine & Toxicology in India”:

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**Instructions:** -

1. Fully filled registration form to be scanned & sent to [infoautopsyquiz@gmail.com](mailto:infoautopsyquiz@gmail.com).
2. Please bring the original id proof as mentioned in the registration form of each participant along with its photocopy at the time of the event.

*For official purpose only: Allotted team registration No .....*