

Workshop on
Systematic Review & Meta-Analysis

5th - 6th November 2019

REGISTRATION FORM

Name :

Designation :

Address :

Email :

Mobile No. :

Registration Amount Rs. 2000/- Rs. 2500/-

NEFT Transfer/Cheque Dated

Drawn on Bank

in the name of "Dental Workshop" Payable at Bank of Baroda AIIMS Bhopal Branch.

A/c No. : 45340100000873

IFSC code : BARB0AIIMSX (Fifth digit is Zero)

Last Date of registration 15/10/2019 (Rs. 2000/-)

30/10/2019 (Rs. 2500/-)

- Completed Registration copy should be sent by email to:
abhinav.dentalsurgery@aiimsbhopal.edu.in
- Registration limited to 40 delegates

Correspondence



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