

# All India Institute of Medical Sciences Bhopal

## Indo- French Surgical Workshop: Multi Organ Retrieval and Transplant techniques Registration form

Name (in capital) : .....  
Designation : .....  
Institute Affiliation : .....  
Speciality:.....Sub-speciality:.....  
Mailing Address:.....  
.....  
City:.....State: .....Country:.....  
Telephone number:.....Mobile number:.....  
Email address:.....

### Payment details:

Conference registration :Rs.....( Rs One thousand per delegate)  
Accommodation :Rs ..... ( Rs 550/ per day per person)  
Total :Rs.....

Workshop : Kidney  Liver  Heart  Neurosurgery

Payment to be made by at par/multicity cheque, demand draft drawn in favor of **“AIIMS BHOPAL, SURGICAL WORKSHOP 2017”**

I am hereby enclosing cheque/demand draft

Number:

Amount:

Drawn at:

Date:

Mode of payment NEFT/RTGS

Account name: **AIIMS BHOPAL, SURGICAL WORKSHOP 2017**

Account Number: **45340100002072**

IFSC code: **BARB0AIIMSX** ( fifth character is zero)

Bank: Bank of Baroda, AIIMS Bhopal Branch, Madhya Pradesh

Transaction id: ..... Date: .....

Signature ..... Date:.....

Limited accommodations are available in the Transit hostel, AIIMS Bhopal (first come, first serve basis).

There are no spot registrations

Registration forms can be downloaded from the website: [www.aiimsbhopal.edu.in](http://www.aiimsbhopal.edu.in)

Scanned copy of Registration form to be sent to [head.anatomy@aiimsbhopal.edu.in](mailto:head.anatomy@aiimsbhopal.edu.in)

### Organizing Secretary:

Dr Bertha A D Rathinam

Department of Anatomy, AIIMS Bhopal – 462020

Phone: +91-8989097490

Please save a copy of the registration form, Demand Draft, Transaction slips for future reference.