

**All India Institute of Medical Sciences Bhopal**  
**7<sup>th</sup> National Conference of Society of Clinical Anatomists**  
**Registration form**

Name: ( in capital) .....  
Designation :.....  
Institute affiliation:.....  
MCI/State Medical Council Registration Number: .....State:.....  
SOCA Membership number:.....  
Mailing address:.....  
.....  
.....  
City:.....State:.....Country:.....Pin code:.....  
Telephone number:.....Mobile number:.....  
Email address:

**Payment details:**

Conference registration: Rs.....  
Accompanying person fee: Rs.....  
Total: Rs.....

Payment to be made by at par/multicity cheques/ net banking / Demand Draft drawn in favour of "SOCA NATCON 2018"

I am hereby enclosing at par/multicity cheque/ demand draft

Number:

Amount:

Drawn at :

Date:

**Mode of payment: NEFT/RTGS**

Account name: **SOCA NATCON 2018**

Bank: **Bank of Baroda, AIIMS Bhopal branch**

Account number:**45340100002080**

IFSC Code: **BARBOAIIMSX**( fifth character is zero)

Transaction id:

Date of payment:

Signature:

Date:

The registration forms can also be downloaded from the website

<http://www.clinicalanatomists.org>,<http://www.aiimsbhopal.edu.in/>

Registration form can be sent to [soca2018bhopal@gmail.com](mailto:soca2018bhopal@gmail.com)

Registration forms of Postgraduate students should be accompanied by bonafide certificate duly signed by the Head of the Department/ Institution

All the remittance / Transaction charges are to be paid by the registrant

Cancellation and refund: Cancellation request will be accepted only till 31 December 2017. 50% of the amount will be refunded and this will be sent to the person concerned only after 4 February 2018.

Please save a photocopy of the registration form and DD/Cheques/transaction slips for future reference.

Organizing Secretary,  
SOCA NATCON 2018,  
Department of Anatomy, AIIMS Bhopal, Bhopal 462020. Phone: 8989097490