

One Week Chhattisgarh Transplant Coordinators' Training Programme

Date : 2nd – 6th February 2018

Venue : Physiotherapy Hall, 2nd Floor, Dr. B.R.A.M. Hospital Raipur (C.G.)

Affix Passport
Size Photograph

Registration Form

Name:		
DOB / Age:	Gender :	
Religion :	Blood Group :	
State (Native) :	District (Native):	
Permanent Address:	Address for correspondence:	
Tel No:	Mobile No:	E-mail id:
Education Qualification :		
Professional Experience		
Name of the current employer	No. of years of experience under the current employer	
Designation	Department	
Address of the current employer:	Total No. of years of experience	

Date:
Place:

Signature

Registration Fee: INR 5000/- (Payment should be made by Cash/Cheque/DD/Bank Transfer through NEFT).

1. Payment by Cheque / DD

The Cheque / DD should be made in the name of **MOHAN Foundation**, payable at **Chennai**.

Mode of payment : Cheque / DD
Cheque / DD No : _____
Name of the Bank : _____
Date : _____
Amount : _____ :

2. Payment by Bank Transfer through NEFT/RTGS

Bank Details -

Beneficiary Name : **MOHAN Foundation**
Account Number : **048700101000768**
Account Type : **SB Account**
IFSC Code : **CORP0000487**
Bank Name & Address : **Corporation Bank**, Chennai Anna Nagar East Branch,
Chennai - 600010

Please provide the NEFT/RTGS Ref Number _____

Refreshment & Folder : INR 1200/- (Payment should be made by Cheque)

3. Payment by Cheque / DD

The Cheque / DD should be made in the name of **Dialysis technology course (M.Sc./B.Sc.) Raipur, C.G.**

Mode of payment : Cheque / DD
Cheque / DD No. : _____
Name of the Bank : _____
Date : _____
Amount : _____ :