



REGISTRATION FORM

ONE WEEK TRANSPLANT COORDINATORS' TRAINING PROGRAM

Date: July 18th-22nd, 2016,
Venue: Knowledge Hub, Aster Medcity, Kuttisahib Road, Near Kothad Bridge South Chittoor P.O,
Cheranelloor, Kochi - 682027, Kerala.

Name (as in the name tag): _____

Designation: _____

Institution/Hospital: _____

Address: _____

City: _____ Pin Code: _____

State: _____

Telephone: _____ Mobile No: _____

E-mail Id: _____

Registration Fees*

Registration fee - Rs. 5000/- (For KNOS participants only - Rs. 3500 scholarship + Rs. 1500)

*The above mentioned fee includes delegate kit, lunch and refreshments.

PAYMENT DETAILS

Cheque / DD No.: _____

Bank: _____ Branch: _____

Date: _____ Amount (Rs): _____

Signature: _____ Date: _____

Please Note:

- Cheque/DD is to be drawn in favour of **"MOHAN Foundation"** payable at **Chennai**.
- It should be sent along with the hard copy of Registration Form to the following address.
- This training program is a non-residential training program. Out Station participants will have to make their own stay/accommodation arrangements.

Dr. Sumana Navin, Course Director,

MOHAN Foundation

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Mobile: 7708668831, Phone: 044-26447000, Email – courses@mohanfoundation.org