

## One Week Transplant Coordinators' Training Programme

**Date** : 20<sup>th</sup> – 24<sup>th</sup> November 2017

**Venue**: Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha

Affix Passport  
Size Photograph

### Registration Form

Name:		
DOB / Age:		Gender :
Religion :		Blood Group :
State (Native) :		District (Native):
Permanent Address:		Address for correspondence:
Tel No:	Cell No:	E-mail id:
Education Qualification :		
<b>Professional Experience</b>		
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
Are you a candidate with disability – Yes / No		If yes, please mention the type

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 : **520101005256875**  
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** \_\_\_\_\_

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**For further clarification please contact -**

**Ms. Ann Alex** Mobile - 9677202908 Email - [courses@mohanfoundation.org](mailto:courses@mohanfoundation.org)

MOHAN Foundation, 3rd Floor, Toshniwal Building, 267, Kilpauk Garden Road, Chennai-600 010.