



## One Week Transplant Coordinators' Training Program

### Registration Form

Date: 18<sup>th</sup> to 22<sup>nd</sup> September 2017  
Venue: Fortis Escorts Hospital, Jaipur.

Affix Passport Size  
Photograph

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:	Signature	
Place:		

**Registration Fee: INR 6000/- (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 MFJCF, payable at **Jaipur**.

Mode of payment: Cheque / DD

Cheque / DD No: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

**Post your Cheque/DD along with the hard copy of Registration Form to the following address:**

MFJCF  
C/o Mr. Anil Baxi,  
C-103, Lal Kothi Scheme,  
Jaipur - 302015, Rajasthan.

**2. Payment by Bank Transfer through NEFT/RTGS**

**Bank Details-**

Beneficiary Name : MFJCF

Account Number : 1666010029582

IFSC Code : UTBIOTKR581

Bank Name & Address : United Bank of India, Tonk Road Branch, Jaipur.

Please provide the NEFT/RTGS Ref Number \_\_\_\_\_

**For any further clarifications, please feel free to contact:**

**Mrs. Hemlata Shah**

Navjeevan-MFJCF

Mobile: +91 9828186908

Email: mfjcfjaipur@gmail.com