

One Week Transplant Coordinators' TrainingProgramme

 $Date : 29^{th} \, October - 2^{nd} \, November \, 2018$

Place:

Venue: Auditorium, BMCRI - SSH, Victoria Hospital Campus, Bengaluru.

Affix Passport Size Photograph

Registration Form

Name:					
DOB /Age:		Gender:			
Religion:		Blood Group:			
State (Native):		District(Native):			
PermanentAddress:		Address forcorrespondence:			
TelNo:	CellNo:		E-mailid:		
Education Qualification:					
ProfessionalExperience					
Name of the currentemployer:		No. of years of experience under thecurrent employer:			
Designation:		Department:			
Address of the currentemployer:		Total No. of years of experience:			
Are you a candidate with disability – Yes /No		If yes, please mention thetype:			
Date:			Signature		



Registration Fee: INR 5000/- (Payment should be made by Cash/Cheque/DD/Bank Transfer through NEFT). The fee includes delegate kit and training manuals. This training programme is non-residential. Outstation participants will have to make their own accommodation arrangements.

1.	Payment	by Chea	ue / DD
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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 :
Payment by Bank Transfer through NEFT/RTGS
Bank Details -
Account Holder: MOHAN Foundation
Account No.: 520101005256875
Account Type: SB Account
IFSC Code: CORP0000487
Bank: Corporation Bank, Block AA, 144, III Avenue, Anna Nagar, Chennai – 600 040, Tamil Nadu,
India
Please provide the NEFT/RTGS Ref Number

For further details, please contact:

2.

Ms. Ann Alex, Mobile – +91 9677202908 Email - courses@mohanfoundation.org

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