

One Week Transplant Coordinators' Training Program

Date : 16th – 20th January 2017

Venue: Deenanath Mangeshkar Hospital, Pune.

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 :		
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	
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 : **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 _____

For further clarification please contact -

Ms. Ann Alex Mobile - 9677202908 Email - courses@mohanfoundation.org

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