

## One Week Transplant Coordinators' Training Program

**Date** : 19<sup>th</sup> – 23<sup>rd</sup> February 2018  
**Venue**: ISSCCM, 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 :		
<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, BLOCK AA, 144, III AVENUE  
ANNA NAGAR, CHENNAI – 600 040,  
TAMIL NADU, INDIA.**

**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)

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