

**16<sup>th</sup>-17<sup>th</sup> September, 2017**  
**All India Institute of Medical Sciences, Raipur**

## Registration Form

(Please fill in Block letters)

Name: Dr/Prof/Mr/Ms.....

Designation.....

CAMM Member:  Yes  No If Yes, Membership No: .....

Category:  Delegate  Associate Delegate  Student

Mailing Address: .....

.....

City:..... Pin Code: .....

State: .....

Contact number (mandatory): .....

Email address (mandatory): .....

Associate Delegate/s details: .....

.....

\*Payment Particulars:

Mode of payment:  NEFT  DD  Cheque  Cash

Total amount: .....

Details of NEFT Transfer: .....

.....

DD/Cheque No: ..... Dated: .....

Drawee Bank and Branch: .....

.....

\*Please refer to the back side of this form for necessary bank details regarding payment.

Signature