

REGISTRATION FORM

Please complete in CAPITAL letters only

Title: Prof. Dr. Mr. Ms.

Name

Designation Institute

Address

City State Country Zip Code

*Mobile Tel. (O) (R)

Fax *Email

* It is important that you provide an e-mail & mobile number so that future communications can be sent to you via SMS/e-mail.

Accompanying Person / Spouse Name (1) (2)

Registration Fee

Category	Till 30 th April	Till 30 th June	from 1 st July to spot
Delegate	₹ 2290	₹ 2862	₹ 3435
PG Student*	₹ 1145	₹ 1717	₹ 2290
Accompanying Person	₹ 1145	₹ 1717	₹ 2290

The above registration charges are including of Service Tax, Education Cess and Swach Bharat Cess.

*Certificate from Head of Department is mandatory for PG Students.

I am making the payment as follows :

Category: Delegate Post Graduate Associate Delegate

1. Demand Draft/Cheque :

A Single D.D./Cheque acceptable for total amount

D.D./Cheque No. Issue Date Name of Bank Total Amount

Cheque/DD should be in favour of "somex research and health pvt. ltd" payable at Jaipur and should be sent to the Conference Secretariat.

2. Alternatively make payment through NEFT :

BANK DETAILS

Account No : 33772853773

Account Name : somex research and health pvt. ltd

Bank Name : State Bank of India

Branch : Mahesh Nagar, Jaipur

IFSC CODE : SBIN0017635

Please send us the copy of transaction slip.

Conference Secretariate:

Dr. Sunit Shah (Organising Chairman)

Advanced Neurology & Super Specialty Hospital,
Brain Tower, D-358, Malviya Nagar, Jaipur. 302017
Mobile: +91 - 9829059370, Telephone: 0141 - 2724258
Email: neuroupdatejaipur@gmail.com
Web: www.neuroupdatejaipur.com

Conference Manager:


ADVAIT
EVENTS & CONFERENCES
Yaduvendra Gautam
M.: 09983699922, 09680826508