Registration form

Name:

……..

First name *Middle name* *Last name*

Name as it should appear on certificate……..

……..

Age: …… Gender: M/F

Address for Correspondence:

Address of laboratory/ Institute:

Qualification: …… Present Designation:……..
Years of experience:……..

Areas of interest: Hematology ☐, Microbiology ☐, Biochemistry ☐,Clinical pathology ☐, Histopathology ☐ Immunopathology ☐, Others ☐

Contact number: (compulsory): ……
E mail ……
Abstract submitted: Yes No

Demand Draft Details:

Demand draft Number …… Bank Name ……

Amount (Rs): …… Dated: ……

Note: Write your name and contact number at the back of the DD/ Cheque