

REGISTRATION FORM

Name: _____ Designation _____

Department: _____ Medical Council Reg.No: _____

Institution: _____

Address: _____

District: _____ Pin code: _____ State: _____

Mobile No: _____

E mail ID: _____

Preferred food: Veg Non Veg

Payment details:

Mode of Payment: DD Net Banking

DD No: _____ in favour of MOSC Medical Mission Hospital payable
at MOSCMM Hospital Branch, Kolenchery drawn on _____

Netbanking: Transaction ID: _____

Name of Banking: State Bank of Travancore

Account Name: MOSC Medical Mission Hospital

Account No: 57025057582

IFSC Code: SBTR0000498

Registration Fees:

Faculty - Rs.500/-

Post graduates -Rs.350/-

Spot Registration - Rs.650/-

PGs need to enclose a letter from the concerned HOD

Last date for registration: May 15th 2017