

ISACON TAMILNADU 2020 – 19,20 & 21st JUNE -KODAIKANAL

REGISTRATION FORM

(To be filled in block letters)

Name: Dr./Prof/Mr./Mrs. _____ (As mentioned in the Medical council certificate)

ISA NO : _____ **AGE:** _____ **Gender :** _____

Email ID : _____

MOBILE NO : _____ **Food Preference:** veg Non Veg

MCI Registration No: _____ **Name of Medical Council:** _____

ADDRESS : _____

Registration Category :

- ISA MEMBER
- NON- ISA
- PG
- Special category (Past President / Sr. Citizen)
- Residential Package (Including Registration)
- Accompanying Person

Name of the Workshop : _____

Accompanying person details

S.no	Name	Relationship	Amount
1			
2			
3			

Payment Break-up :

REGISTRATION FEE : _____

ACCOMPANYING PERSON : _____

ACCOMODATION PACKAGE

INCLUDING REGISTRATION: _____

WORKSHOP REGISTRATION: -----
MEDICAL COUNCIL ACCREDITATION: -----
EXTRA CURRICULAR ACTIVITIES : -----
(TABLE TENNIS & CYCLING)
TOTAL AMOUNT : -----

BANK ACCOUNT DETAILS :

ACCOUNT name: Indian society of Anaesthetist
Bank & Branch name: Indian Bank, Tallakulam Branch, Madurai.
Account Number: 496007498
Type: Savings Bank
IFSC code: IDIB000T003

Cheque/D.D to be drawn in favour of "Indian Society of Anaesthetist" payable at Madurai.

Payments Details :

Payment Mode : **Cheque** **Demand Draft** **NEFT/RTGS**
Cheque/DD/NEFT/RTGS Reference No:
Cheque/DD/NEFT/RTGS Amount: Rs. _____ Date: _____
Bank Name: _____
Bank Branch : _____

Kindly send the filled – up form and cheque/ Demand Draft / NEFT copy by Registered post or by courier to the following address :

CONTACT : Prof.Dr.M. Kalyanasundaram
Organizing secretary – ISACON- TN 2020
Institute of Anaesthesiology
Govt Rajaji Hospital
Madurai – 625020
Phone number : 0452- 2532535- Extn- 290, 390
Mobile – 9842111311
e-Mail- isamaduraicity@gmail.com

Signature of Applicant

Name

Date