AIDSCON - 13

..towards AIDS Free World

Registration Number _____

Registration Form

Dates of Conference: 14th & 15th March 2024
Venue: Indian Medical Association (IMA) Complex, Sector 35-B, Chandigarh

1. Name of Participant : _____
2. Designation : _____
3. Institute : _____
4. Address for Communication _____
   _____
   _____
5. E-mail ID : _____
6. Mobile/Phone number : _____
7. Registration Fee Paid : ☐ Rs. _____/- for students/NGOs/PUs (enclose valid photo ID card)
   ☐ Rs. _____/- for Others
8. Mode of payment of registration fee ☐ UPI ☐ DD/ Cheque* ☐ Cash ☐ ECS/NEFT**

*Cheque/DD should be in favor of "AIDSCON Chandigarh SACS"
**Account Name: "AIDSCON - Chandigarh SACS" Branch Address: SBI, Sector 16, Chandigarh.
Bank Account No. – 39760390777, IFSC code – SBIN0050736 (Enclose copy of deposit slip)

If through NEFT/ECS/Net banking then quote: - UTR No. _____Transaction date _____

Signature of the candidate _____

Date _____

For Official Use Only

Fee Receipt Number _____ Date _____

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