



PG Excel

2019

SOARING TO EXCELLENCE



**REGISTRATION
FORM**

Name _____

Designation _____ KMC number _____

Hospital / Organization/ Institute _____

Email _____

Mobile _____

Address _____

City _____ State _____ PIN _____

| | | | |
|-------------------|---------------|--------------------------|----------|
| Early Bird | Upto Aug 12 | <input type="checkbox"/> | INR 3000 |
| Normal | Aug 13-Nov 30 | <input type="checkbox"/> | INR 3300 |
| Late Reg | Dec 1 onwards | <input type="checkbox"/> | INR 4000 |
| On Spot | Feb 9 | <input type="checkbox"/> | INR 4200 |

PG Excel 2019 reg fee (INR) _____

Total amount payable (INR) _____

Mode of payment cheque DD online _____

Cheque/DD No _____ Dated _____

Bank _____

Online transfer ref no (If online chosen) _____

Bonafide certificate _____

Please refer the brochure for complete payment details and the address to which form and the payments needs to be sent to.

Date :

Signature :