



CME Programme on: "Hearing Loss: Epidemiology, Detection & Prevention: A Multisectoral Perspective"

On
21st -22nd December, 2018 at MAMC, New Delhi



Registration Form

Name: _____ Age: _____ Sex: _____

Designation: _____ Organization: _____

Address: _____

City: _____ State: _____ Pin Code: _____ Country: _____

Fax: _____ Mobile No. _____ E-mail: _____

Registration fee till 15th November, 2018:-

Individual Registration fee: INR 1,000/-

On spot registration:-

Individual Registration fee: INR 1,200/-

Payment Details: A/c Name: Society for Sound Hearing

A/c No : 90682010103710

Bank: Syndicate Bank

Branch: MAMC, New Delhi

IFSC: SYNB0009068

Swift Code: SYNBINBB126

MICR Code: 110025072

I am enclosing herewith Demand Draft (DD/Cheque) No. _____ date _____

for Rs. _____ (in words _____)

Drawn on bank _____ in favour of "**SOCIETY FOR SOUND HEARING**" payable at New Delhi.

Date _____

Place _____

Signature of Delegate

Ms. Janki Mehta (Admin. Officer- SH2030) Mobile No.9212666995, Email id: sh2030mamc@gmail.com

The CME programme has been granted accreditation points from DMC and RCI.