

MANIPAL INFECTIOUS DISEASES CME 2014 REGISTRATION FORM

(Electronic fill-in enabled: send to manipalidcme2014@gmail.com)

Name (in Upper case):

Affiliation:

Address for correspondence:

E-mail ID:

Contact number:

*Medical council registration number:

*Name of the medical council:

Post graduate student? (Yes/No):

***Compulsory for the Karnataka Medical Council credit hours.**

Registration fee payment details[#]

If by Demand Draft (DD)

DD number:

Bank name:

Date of issue of DD:

If by NEFT

Transaction ID:

#Registration Fee

Early registration (till Dec 6th, 2014)

Late registration (after Dec 6th, 2014)

Faculty: ₹1000/-; Student: ₹750/-

Faculty: ₹1250/-; Student: ₹1000/-

#Payment Instructions (Mode of payment: DD/NEFT/Cash)

Beneficiary name & address: “Manipal University, Conference/Workshop”, Manipal

Bank account number: 33508958510

Name of the Bank: State Bank of India

Branch Address: Madhuvan Serai, Ground Floor, Near Smrithi Bhavan,
Tiger Circle Manipal-576104, Karnataka, India.

Account type: SB

IFSC code: SBIN0004426

MICR code: 576002006

SWIFT code: SBININBB770

✉ Manipal ID CME 2014, Department of Medicine, Kasturba Hospital, Manipal
University, Manipal – 576104, Karnataka, India.