

REGISTRATION FORM

Name :
Designation :
Hospital/Institute :
Mailing Address :
:
:
State : Pin.....
Phone No :
Fax No :
E-mail :

Course Fee Fellows - Rs. 4500/-
P.G. Students - Rs. 3500/-

Accommodation with breakfast 800/- for early birds for a day per person in triple sharing basis

Payment Detail 1 Demand Draft in favor of "Maxillofacial Workshop, Jabalpur"
DD No.....drawn on.....
Dated.....

2 NEFT/RTGS
Bank & Branch - Bank of Maharashtra, Jabalpur Branch
A/C No 20094121721
A/C NAME - Maxillofacial Workshop, Jabalpur
IFSC code - MAHB0000341

Signature

To,
Dr. Rajesh B. Dhirawani
Programme Co-ordinator
21st National Workshop
Jabalpur Hospital & Research Centre
Russel Crossing, Napier Town
Jabalpur 482002,
Phone 0761-2450761, 2450762, 2450763, 4004091, 4004092, 4035492
Fax 0761-2450606
E-mail rajeshdhirawani@hotmail.com

Kindly Mail the Receipts/ Details of Registration On
21stomfsworkshopjabalpur@gmail.com & whatsapp on 9302005263