



NPSICON 2015

December 2015, Hyderabad

Registration Form



Name: _____

Gender: Male Female Age: _____

Type of Delegate: Member Delegate; If Yes, then NPSI No. _____

Non-Member Delegate Post Graduate Student

Designation: _____

Medical Registration No: _____

Type of Employment: Teaching Faculty Consultant Pathologist Others

Postal Address: _____

City: _____ Pin Code: _____ State: _____

Mobile No: _____ Email ID: _____

Food Preference: Veg Non-Veg

Payment Details: Mode of Payment: DD Cheque NEFT

Dated: _____ DD/ Cheque/ NEFT No. : _____

For Rupees: _____ Name of Bank/ Branch: _____

Send this form along with

1. Demand Draft/ Cheque (Multi city) drawn in favour of "NEUROPATH CME" payable at **Hyderabad**
2. Alternatively make payment through NEFT to following Account

Account No: **NEUROPATH CME**

Account Name: **107910100050598**

IFSC CODE: **ANDB0001079**

Bank Name: **Andhra Bank** Branch: **NIMS**

Please send us the copy of transaction slip

Address to which the Registration should be sent:

Dr. Megha S Uppin

Assistant Professor

Organizing Secretary, NPSICON 2015

Department of Pathology

Nizams Institute of Medical Sciences

Punjagutta, Hyderabad - 500082, TS

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