



11th South Zone and 14th Kerala State Annual Conference of Association of Otolaryngologists of India

9th, 10th & 11th October 2015. Venue: Lulu International Convention Centre, Thrissur

REGISTRATION FORM

DELEGATE DETAILS

Name: ----- Age: ----- Sex: M / F

Designation :----- Institution: -----

Medical Council Registration No.:----- State: -----

AOI Membership No.----- State: -----

Address: -----

City: ----- Zip / Pin code: ----- State -----

Country: ----- Email (Mandatory): -----

Mobile No: (Mandatory): -----

Telephone No. (With STD code): ----- Fax: -----

FOOD PREFERENCE: Veg Non Veg

Accompanying Persons/Associate members (Name & Age)

- 1)
- 2)
- 3)
- 4)

PAYMENT DETAILS

Delegate: Rs. -----

Associate member(s): Rs. -----

PG Student: Rs. -----

Total: Rs. -----

I am enclosing DD / At par Cheque No. ----- Dated.----- For

Rs.----- Drawn on (Bank & Branch) in favour of "TRENDTCON THRISSUR" payable at Thrissur.

<p><i>Bank Account details for NEFT Transfer**</i></p> <p>Account Name: Trendtcon Thrissur Bank Name: South Indian Bank Branch: Olarikkara Place: Thrissur Account No.: 0649073000000078 IFSC: SIBL0000649 MICR Code: 680059050 <i>**Details of transaction (Bank Chelan receipt) should be mailed to conference secretariat.</i></p>	<p><i>Completed Registration form along with the payment should be sent to:</i></p> <p>Dr.P.T.Arunkumar Organising Secretary, TRENDTCON THRISSUR, Consultant ENT Surgeon, TIHANS, Saroja Nursing Home, Shomur Road, Thrissur, Kerala, S.India. Mob: Mob: 9495458340 Email: mail@trendtconthrissur.com</p>
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Bonafide Certificate (For PG Students only)

This is to certify that Dr. -----

is a bonafide Post graduate student in the Department of ENT of ----- Institution.

Signature of HOD of ENT

(Seal)