

RAJ TRANSMED
"Transfusion Medicine: Policies & Reléance"
17th February 2019, Bikaner

REGISTRATION FORM

Please Complete in CAPITAL Letters Only

Title: _____ Dr. _____ Mr. _____ Ms. _____

Name: _____

Designation : _____

Institute: _____

Address _____

City: _____ State _____ Country _____

Pin Code _____

Mobile No: _____ Tel(O) _____ (R) _____

(Fax) _____ Email _____ Web. _____

It is important that you provide an e-mail & mobile number so that future communications can sent to you via SMS/e-mail.

Demand Draft/Cheque No. _____ **Issue Date** _____

Name of Bank _____ **Amount 1000/- for registration**

Cheque/D.D. should be in favour of **Blood Banks Society** payable at **Jaipur** and should be sent alongwith the filled registration form to the Conference Secretariat.

Alternatively make payment through NEFT:

BANK DETAILS

Account Name: Blood Banks Society **Bank Name:** Punjab National Bank **Branch:** Johari Bazar, Jaipur

Account No. : 3553000100193244 **IFSC Code:** PUNB0355300

Please send us the copy of transaction slip alongwith filled registration form at conference secretariat at Swasthya Kalyan Bhawan, Narain Singh Road, Trimurti Circle, Jaipur-302004

Email: bbsocietyraj@gmail.com **Ph:** 0141-2573935, 9414075108, 9982211000.