

Registration Form

(Please fill in block letters)

RSACP Membership No:

Name :

Age/Sex : Designation :

Institution :

Address for correspondence :

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State :

City : PIN :

Telephone

Office : Res :

Mob : Email :

Workshop Conference

DD No :

Drawn on :

Rs : Dated :

Signature & seal of HOD
(in case of Post Graduates)

Signature of applicant

Registration No. _____

(For official use only)

Demand Draft in favour of RSACP2010, BANGALORE

Completed registration form to be sent to SECRETARIAT

*All scientific material to be sent to
scicomrsacp@gmail.com along with RSACP 2010
registration number*

For further details contact

SECRETARIAT

Dr Yohannan John, Organising Secretary

SPARSH Hospital,

No. 29/P2, Narayana Health City,

Bommasandra, Hosur Road, Bangalore - 560099.

Mob: 9686448202 / 9980909852 / 9980909834

Phone: 91 80 27835921, Fax: 91 80 27835924

Email: rsacp2010@gmail.com,

scientific committee: scicomrsacp@gmail.com

www.sparshhospital.com/rsacp2010.php