

Envelope will be printed in
single colour blue.

80C 60M 10Y

Registration

Name:

Age:..... Qualification:..... Designation:

Institute of Practice:

Registration No:..... Registered with Medical Council

Postal Address:

..... Pin:.....

Phone: email:

	Before 10/02/2015	After 10/02/15 & Spot Registration
15th February, 2015	₹1000	₹1200
Post-graduate Students	₹ 800	

Registration Fee :

Cheque /DD to be drawn in favour of 'MUSKCON 2015' payable at Gangavathi
(Please write your name and contact number at the back of the cheque)

Cheque / DD Number :

Cheque / DD Dated :

Bank :

Branch :

Are you a Musk Member?

 Yes No

If not, do you want to become a MUSK Member?

 Yes No

If yes, contact the registration counter at the venue for Membership Registration Form

DELEGATE'S SIGNATURE

Note: Receipts can be collected at the venue



Book-Post

February 15th, 2015, Sunday
Venue: Gangavathi IMA Hall, Beside Lions Club,
Opp. KSRTC Bus Stand, Gangavathi-583227

MUSKCON 2015
www.musk.org.in



If undelivered, please return to:

Dr. Shantha H. Sirigeri, Sri Vasavi Nursing Home and Scanning Centre,
Gangavathi-583 227. Ph:9686473336

