

*National Scientific Conference-2012*  
*Council of Homoeopathic System of Medicine Gujarat State,*  
*Council House, Nr.Post Office Civil Campas, Asarva, Ahmedabad-380016*  
*Ph.No-079-22681377*

## **REGISTRATION FORM**

Name :- \_\_\_\_\_

Address :- \_\_\_\_\_

\_\_\_\_\_

City :- \_\_\_\_\_ State :- \_\_\_\_\_ Pin :- \_\_\_\_\_

Phone :- \_\_\_\_\_ Mobile :- \_\_\_\_\_

e-mail :- \_\_\_\_\_ Reg.No. G- \_\_\_\_\_

***Registration will be done on first come first served basis.***

I am sending herewith Cash/Demand Draft No. \_\_\_\_\_ Date \_\_\_\_\_

Repees in words \_\_\_\_\_ Drawn on Bank \_\_\_\_\_ Payment Details

D.D. Should be made in favour of **“Registrar, Council of Homoeopathic System of Medicine Gujarat State,” Payble at Ahmedbad.** Registration Form to be sent to Registrar. Council of Homoeopathic System of Medicine Gujarat State, Council House, Nr.Post Office Civil Campas, Asarva, Ahmedabad-380016

Signature.

For Student/Intern Delegate :

Name of the Institute:- \_\_\_\_\_

Yeat of Studying in \_\_\_\_\_ Year.

Student Signature

Place :

Date :

Signature & Seal of Head Of the Institute.