



**4th National Conference of
Young Radiation Oncologist
of India
@ Rajkot**
January 30th & 31st, 2016



Registration Form

*Please fill in BLOCK LETTERS

Name: _____ Age: _____ Sex: M / F

Classify: Delegate: Student: Foreign Delegate:

Institution/ Affiliation

Address: _____

_____ PIN : _____

Tel: (R) : _____ (o) : _____

Mob : _____ Email : _____

Accompanying Person(s)

No.	Name	Age	Sex

Payment Details

Details	Amount ()	DD/ Online Payment
Registration Fee		
Accompanying Person		
Accommodation		
Total		

Hotel Accommodation will be provided on first come first served basis. Please send one day advance payment of the tariff of the selected Hotel given in the brochure along with registration fee.

* Please make NEFT / Bank Transfer as per the given account details

A/C# 312720110000278
IFSC CODE BKID0003127
BANK BANK OF INDIA
BRANCH UNIVERSITY ROAD BRANCH, RAJKOT-360005

Date : _____

Signature of the Delegate

Kindly send Demand Draft / Bank Acknowledgement for all the Online Payments made, along with the printed Registration Form by Post to Conference Secretariat.