



# REGISTRATION FORM

(Please write in CAPITAL LETTERS)

Date : 19<sup>th</sup> to 21<sup>st</sup> October 2023

Name .....

Badge Name .....

Designation .....

Qualification .....

Institution .....

Address .....

.....

E-mail .....

Tel. No. .... Mob. ....

**Registration Charges Rs. 10,000/-**

**For online transfer add this to registration**

## BANK PAYMENT DETAILS

Payment through NEFT/ RTGS details are given below: -

ACCOUNT HOLDER NAME : SIR GANGA RAM HOSPITAL  
BANK ACCOUNT NO. : 91112010058142  
BANK NAME : CANARA BANK  
BRANCH NAME : SIR GANGA RAM HOSPITAL,  
OLD RAJINDER NAGAR, NEW DELHI  
IFCS CODE : CNRB0019111  
PAN : AABTS4366E

Draft/Cheque may please be drawn at Delhi in favor of "**Sir Ganga Ram Hospital**" (No outstation cheques will be entertained) Please write your name and mobile no. at the back of Draft / Cheque.

Duly completed forms and Draft / Cheque to be sent by Registered Post to :

**Conference Secretariate - Ms. Anita Vashisht**

Room No. 1218-A, Sir Ganga Ram Hospital, Old Rajinder Nagar, New Delhi 110060

Ph. : 8826518602 • E-mail : spinesurgery@sgrh.com

**Website : [www.sgrh.com](http://www.sgrh.com) to download the brochure and registration forms**