

# REGISTRATION FORM

- 1) Name -
- 2) Institution-
- 3) Address-
  
- 4) Medical council registration (MCI) number-
- 5) State of (MCI) registration-
- 6) Mobile number-
- 7) Email id –
- 8) Please tick (✓) Veg \_\_\_\_\_ non veg \_\_\_\_\_
- 9) Registration fee (please tick (✓)).

Conference only	PG Student/Resident	Consultant
Before 05/01/2018	Rs. 6000	Rs. 6500
05/01/2018 to 05/02/2018	Rs. 6500	Rs. 7000
Spot Regn.	Rs. 7000	Rs. 7500
Preconference workshop (limited number of delegates)	Rs. 1500	Rs. 1500

Total Fee =

- 10) Mode of payment (please tick (✓) one of the option)
  - a) online (RTGS/NEFT) transfer. Reference No./Transaction Id-  
Date of Transfer-
  - b) Demand Draft (DD) No.  
Date in DD -

12) Signature-

13) HOD's signature-  
(for PGs and Residents).

In case of Offline Registration, the filled form to be sent to  
Dr. A. Kumaresh, Organising Secretary 2018, RARE 2018,  
Department of Radiology, Sri Ramachandra University  
Porur, Chennai - 600 116.