



15th National Conference of Society of Indian Radiographers



5th – 6th November 2011

REGISTRATION FORM

Name (in block letters)

Designation:-----

Name of the Institute / Hospital: -----

Correspondence Address:

Pin Code:

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Phone No.:----- Extn No.:-----

Residence No.:----- Mobile No.:-----

Fax No.:----- e-mail ID:-----

Accompanying person (Associate Delegate) : Yes / No, No. of Persons -----

Please find enclosed Demand Draft No ----- dated-----

drawn on ----- (name of the Bank)

for Rs.----- as registration fees.

Date :

Signature of the Delegate

Mail this form to :

Trilokinath D. Mishra
 Organising Secretary
 15th National Conference of SIR
 Dept. of Radio-diagnosis,
 Tata Memorial Hospital,
 Parel, Mumbai – 400 012.

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