

## REGISTRATION FORM (Please type or use Block Letters)

Dr. / Prof. / Mr. / Mrs.....  
Surname Middle Name First Name

Mailing Address.....

.....

..... State : ..... Pin Code : .....

Email .....

Mobile No..... Fax No.....

Tel No. (O)..... (Resi).....

Designation : Consultant PG / Resident Technologist Paramedics

(Attach a certificate from the head of the department / institution for being a resident or postgraduate student)

Vegetarian

Non Vegetarian

Mode of Payment : Cash / Cheque / Demand Draft

in favour of "NARAYANA GENERAL HOSPITAL" payable at NELLORE

(A/c Payee only) Bank Demand Draft / Cheque No.....

Dated..... Amount Rs..... (Rupees.....)

.....

Bank & Branch..... is enclosed.

Please add Rs. 150/- for out station cheques.

Date : ..... / ..... / .....

Signature

### PAYMENT PROCEDURE

Crossed Cheque or DD in favour of  
"NARAYANA GENERAL HOSPITAL.."  
payable at Nellore. (Please add Rs 150/- for out station cheques.)

*Address for correspondence(organising secretary)*

**Dr. N.S.SAMPATH KUMAR,**

Organising Secretary

Associate Professor - DEPARTMENT OF NEUROLOGY

NARAYANA MEDICAL COLLEGE&HOSPITAL

CHINTHAREDDY PALEM, NELLORE - 3. A.P.

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