

NATIONAL LEVEL CONFERENCE ON HOLISTIC NURSING CARE ON CONGENITAL ANOMALIES

REGISTRATION DETAILS:

Name: Dr/Mr/Mrs:

Designation/Position:

RN-RM:

Institution:

Address:

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Mobile No:

E-mail ID:

DETAILS OF TRANSACTION:

Remitter Name*:

RTGS/NEFT/Transaction No*:

Date*:

Bank:

Branch:

Amount in Rs:

Signature of Delegate:

*Mandatory