

REGISTRATION FORM

(Please use BLOCK LETTERS only)

Dr. : _____

Designation : _____

Institution : _____

Address for
correspondence : _____

Phone (O) : _____ (R) _____

Mobile Number : _____ Email _____

Email Id : _____

Food : Vegetarian Non Vegetarian

Payment Details : Rs. _____

(Rupees _____)

Conference : _____

Workshop : _____

D.D/Cheque No : _____ Dated _____ Drawn on _____

In Favour of **"SAT ISN SRC"** payable at **Thiruvananthapuram**.

(Payment in Cash/Demand draft payable at Thiruvananthapuram or through online transfer)

Our Bank Details

SAT ISN SRC A/c : 09612191014516

Punjab National Bank

Trivandrum-Medical College (Shobha Complex), Thiruvananthapuram - 695001,
Kerala.

RTGS/NEFT IFS Code : PUNB0096110

Kindly email the wire transfer details to **isnsrscsat@gmail.com**

Date:

Signature:

(PG Students must submit certificate from HOD)



Scan to
Register Online

CERTIFICATE

This is to certify that Dr _____

is a postgraduate student of this department.

Date:

Office Seal

Head of the Department

Send the duly filled form along with DD/Online transfer details to

Dr. Radhika C Radhakrishnan

Organising Secretary, National Pediatric Nephrology Conclave 2022, Conference Secretariat, Department of Pediatric Nephrology, SAT Hospital, Government Medical College, Thiruvananthapuram - 695011, Kerala