



Smt. NHL Municipal Medical College, Ellisbridge, Ahmedabad
9th National Conference of Society of Clinical Anatomists

Registration form



Name: (in capital)
Designation :
Institute affiliation:
MCI/State Medical Council Registration Number: State:
SOCA Membership number:
Mailing address:
.....
.....

City: State: Country: Pin code:
Telephone number: Mobile number:
Email address:

Food preference: Veg.: ☐ Non-Veg.: ☐ Mix: ☐

Payment details: Conference registration: Rs.
Accompanying person fee: Rs.
Total: Rs.

Payment to be made by at par/multicity cheques/ net banking / Demand Draft drawn in favour of
“**SOCIETY OF CLINICAL ANATOMY CON 2020**” payable at GANDHINAGAR.

I am hereby enclosing at par/multicity cheque/ demand draft

Number: Amount:

Drawn at: Date:

Mode of payment: NEFT/RTGS	
Account name: SOCIETY OF CLINICAL ANATOMY CON 2020:	
Bank: HDFC Bank, INFOCITY BRANCH, GANDHINAGAR	
Account number: 50200045179634	IFSC Code: HDFC0002497
Transaction id:	Date of payment:

Signature:

Date:

- The registration forms can also be downloaded from the website <http://www.clinicalanatomists.org>.
- Filled-in Registration form to be sent to socanhl2020@gmail.com
- Filled-in Registration forms of Postgraduate students should be accompanied by bonafide certificate duly signed by the Head of the Department/ Institution
- All the remittance / Transaction charges are to be paid by the registrant
- **Cancellation and refund:** Cancellation request will be accepted only till 31.01.2020. 50% of the amount will be refunded and this will be sent to the person concerned only after 15 March, 2020. In case of online registration, refund duration is depending on individual/payment gateway.
- Please save a photocopy of the registration form and DD/Cheques/transaction slips for future reference.

Organizing Secretary, 9th SOCA NATCON 2020, Department of Anatomy, NHL Municipal Medical College, Ellisbridge, Ahmedabad-380006: Mobile: 9408250855