

5th HANDS-ON WORKSHOP ON CERVICAL CANCER SCREENING

REGISTRATION FORM

NAME: _____

DESIGNATION: _____

INSTITUTION: _____

POSTGRADUATE DEGREE: MD (PATH)/ DNB (PATH)

ADDRESS FOR CORRESPONDENCE: _____

MOBILE NO.: _____

E-MAIL: _____

DETAILS OF BANK PAYMENT

UTR No. _____

Date of payment: _____

All payments to be made by fund transfer

Fund Transfer Details:

Account Name: ICPO NOIDA

Bank: SYNDICATE BANK

Account No: 90681010000752

IFSC CODE: SYNB0008686

Kindly note that we have a **NO REFUND** policy for cancellation. The registration form, complete with transaction details may be sent by **e-mail** to:

Dr. Ruchika Gupta, Scientist C

Organizing Secretary

Division of Cytopathology

National Institute of Cancer Prevention & Research

I-7, Sector-39, Noida – 201301

India

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Ph: 9811756937