



FORT CITY FINAL DIAGNOSIS-10



37TH Karnataka State KC-IAPM Conference

29, 30 and 31th October 2010

(Organized by KC-IAPM, Karnataka. Department of Pathology, Basaveshwara Medical College and Hospital, Chitradurga).

Basaveshwara Medical College Hospital Auditorium, SJM campus, NH-4 Bypass, Chitradurga – 577502,
Email:fortcityfinaldiagnosis@gmail.com Web: http://fortcityfinaldiagnosis.org

REGISTRATION FORM

Receipt No: _____

KCIAPM Member No: _____

PG Student

Surname: _____ Middle Name _____ First Name _____

Vegetarian / Non vegetarian Accommodation: Yes / No

WORKSHOP: Yes / No

Sl No	Work Shop	Preference
1	Hematology Workshop	
2	Clinical Pathology Workshop	

Accompanying Delegate Name: 1. _____ 2. _____

Name of Diagnostic center / Name of Institution: _____ Designation: _____

Mailing Address: _____

_____ Pin Code: _____ Email _____ *

Mobile: _____ * Residence: _____ Office: _____

(*compulsory fields)

Delegate Fee: Rs _____

Accompanying Person: Rs _____

PG Student: Rs _____

Workshop fee Rs _____

Total: Rs _____

Mode of Payment: by Demand Draft, drawn in favor of Fortcityfinaldiagnosis, payable at Chitradurga, Karnataka.

A separate DD should be enclosed for Accommodation

DD NO: _____ Dated: _____ Bank Details: _____

Signature of Delegate

Duly filled registration forms along with DD to be sent by Registered Post / Courier to the conference secretariat.

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