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| **C:\Users\libadmin\Desktop\1.jpg** |
| Registration form |
| **Personal Particulars** |
| Name | Salutation  | First name | Middle name |  Last name |
| (Prof./Dr./Mr./Mrs.) |  |  |  |  |
| (Type “Yes” under selected option) | Faculty / Clinician | Post-doctoral Fellow | Scholar |  |
|  |  |  |  |
| Male | Female | Department | Institution Address |
|  |  |  |  |
| **Contact Details** |
| Address for Correspondence |  |
| Fax | e‐mail address | Cell No. | Telephone no. | Country |
|  |  |  |  |  |
| Nationality | Indian | NRI | Foreign |  |
|  |  |  |  |  |
| **Nature of Registration** |
| (Type “Yes” under selected option) | Student | Post-doctoral Fellow | Faculty and Clinician |  |
|  |  |  |  |  |
| **Category of Participation** |
|  | Invited Speaker | Young Scientist | Delegate | General |
| (Type “Yes” under selected option) |  |  |  |  |
| **Particulars of Payment of Registration Fee** |
| Mode of Payment(Type “Yes” under selected option) | Direct deposit to: Indian Association of Cancer Research  | By Cheque | By Bank Draft | By Cash |
|  |  |  |  |
|   | Details of the transfer (Bank name, Transaction no, Date, Amount) | Details of the Cheque (Bank name, Cheque no., Date, Amount) | Details of the Draft (Bank name, Draft no., Date, Amount) | Cash receipt No. and Date |
|  |  |  |  |
| Place  | Date | Signature (Type your name) |
|  |  |  |