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| 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 | | | | | |
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| **Contact Details** | | | | | | | | | | | | | | | |
| Address for Correspondence | | |  | | | | | | | | | | | | |
| Fax | | | e‐mail address | | | | | Cell No. | | Telephone no. | | | | | Country |
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| Nationality | | | Indian | | | | | NRI | | Foreign | | | | |  |
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| **Nature of Registration** | | | | | | | | | | | | | | | |
| (Type “Yes” under selected option) | | | | | Student | | | | Post-doctoral Fellow | | | Faculty and Clinician | | |  |
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| **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 | | |
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|  | | | | 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 | | |
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| Place | | | | Date | | | | | Signature (Type your name) | | | | | | |
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