

PHC 2023

REGISTRATION FORM

Name : _____

Designation : _____ Email : _____

Year of passing Post Graduation _____

Hospital / Institution _____

MMC / State Registration No. (Mandatory) _____

Address for Correspondence : _____

Mobile / Tel. No. _____

Twin sharing Delegate with accompanying Single occupancy

Delegates (Non Residential) PG student (Non Residential)

Mode of Payment

Cheque DD RTGS/NEFT Cash

Cheque / DD / Transaction No. : _____ Dated _____

Drawn on : _____

Amount _____ Signature _____

Transaction should be in the name of **'SHASHWAT HEALTH SERVICES PVT LTD RESEARCH'**

GST NO : **27AAJCS7769Q2Z3**

Bank Details for NEFT / RTGS

Name of the Bank : **JANATA SAHAKARI BANK LTD**

A/C Name : **'SHASHWAT HEALTH SERVICES PVT LTD RESEARCH'**

Branch : **KARVE ROAD Branch**

Account Type : **Current**

Account No. : **31230100003029**

IFSC Code : **JSBP0000031**

