

Registration Form (Compulsory For All Participants)

- Name: Dr./Mr./Mrs./Ms. _____
- Designation: _____
- Age: _____ Sex: _____
- Institution _____
- Address _____

- Email _____
- Telephone No. _____
- Mobile No. _____ Fax _____
- Registration fee _____
- | Category | Before 31 st
Oct, 2015 | After 31 st & Spot
Oct, 2015 |
|---------------|--------------------------------------|--------------------------------------------|
| Delegates | ` 2000 | ` 2500 |
| Students | ` 500 | ` 1000 |
| FERCI Members | ` 1000 | ` 1500 |
- Amount in (Rs.) _____
DD/Cheque No./Cash _____ Date: _____
Name of Bank _____
- (DD/Cheque in favor of “Director, Research Scheme Account” payable at Lucknow

Signature and Date

DD/Cheque in favor of “Director, Research Scheme Account” to be paid at State Bank of India, SGPGIMS branch Lucknow (Branch Code 7789).

Mail to:

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Organizing Secretary,
Research Cell, Room No.—209,
First Floor, ADM. Block, SGPGIMS,
Lucknow- 226014 (U.P.) India, Phone: +91522-2494010,
Mo. No.— 7376902267, 9044912979
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