

ANNUAL STATE CONFERENCE OF MSBIRIA

Organised by Solapur Chapter of MSBIRIA

REGISTRATION FORM

Name * : _____

Gender * : Male/ Female

Age : ____ Yrs.

Designation * : _____

Institute * : _____

Medical Council Reg. No. * : _____

IRIA Member : YES/ NO

IRIA Membership No. : _____

PG Student : YES/ NO

Roll No. : _____

Mailing Address * : _____

City * : _____

Pin code * : _____

Phone : _____

Mobile* : _____

E-mail* : _____

Associate Delegate Number : _____

Registration Type * : Resident/ Non-Resident

Payment Type * : Cheque/ NEFT/ RTGS/ D.D.

Payment Details * : Number _____ Date _____
Bank _____

Total Amount * : Rs. _____

Sign

* Compulsory Fields