



Pradanya 2018 **IIHMR** UNIVERSITY

23rd Annual Conference
30th November -01st December, 2018

Registration Form

Name: _____

Age: _____ Gender (M/F): _____ Contact No. _____

Organization: _____

Designation: - _____ Email Address: _____

Registration Type (A – No Accommodation, B – Twin Sharing, C – Single):

For group registration, please fill the details of the other participants below-

S.No.	Name	Gender (M/F)	Designation	Contact No.	Registration Type *
1					
2					
3					
4					
5					

*Registration Type: A) Without Accommodation, B) Twin Sharing, C) Single

In case of group registration of more than 6 participants, please create an excel sheet with the same column-heads as above and send a printed copy with this form.

Payment Details: Total : Mode: Cash Demand Draft NEFT

DD Number: _____

Date: _____

Drawn on Bank: _____

DD should be in favour of "Institute of Health Management Research". Payable at Jaipur.

NEFT UTR No. _____

Date: _____

Drawn on Bank: _____

[Click here for NEFT details](#)

For payment enquiry contact Mr.Devendra Verma
devendraverma@iihmr.edu.in)

Signature _____

Date _____

Please send this form to: