

REGISTRATION DETAILS

CADAVERIC ULTRASOUND REGIONAL ANAESTHESIA WORKSHOP

Name.....

Qualification.....

Work Place.....

Email ID.....

Mob. No.....

Registration to be made by Cheque/ Bank Draft / NEFT

In favor of “ **CURA Workshop 2019**”

Post Graduates : Rs. 2000, Clinicians : Rs. 2500

Cheque / Draft No / NEFT.....

Bank.....Dated.....

Favoring, “ **CURA Workshop 2019**”

Signature

Payable at Raipur

BANK OF INDIA

Current A/C No. 936320110000317

IFSC CODE - BKID0009363

Tatibandh Branch

Conference Secretariat

DEPARTMENT OF ANAESTHESIOLOGY

Faculty Room No. 03, A - Block,

Ground Floor, AIIMS Raipur

Tel. +91 9971760416

E-mail: curaaiimsraipur2019@gmail.com