



Indian Academy of Neurology

ICTRIMS – 2017

August 12 & 13, 2017, New Delhi

Registration Form

Prefix _____ (Dr./Mr./Ms.)

First name _____ Middle Name: _____ Last Name: _____

Age: _____ Gender _____ Degrees: _____

Affiliation: _____

Department: _____ Institute: _____

Correspondence Address: _____

City: _____ Pincode: _____ State: _____

Country: _____

Tel No. _____ Mobile No. _____ Email id: _____

Are you a member of the IAN? Yes No

If yes, membership number please: (LM/LAM/AM) - _____

Registration fee Details:

Rs./- (..... Only)

Cheque/DD in favour of "....."

The last date of registration is, 2017

The Form should be sent to the following address:

Dr. C S Aggarwal
Organising Chairperson, ICTRIMS-2017,
Address:.....

Date: _____

.....
Signature of the Participant