



# **FORENSIC MEDICON-2012**

## **XXXIII (33<sup>rd</sup>) NATIONAL CONFERENCE OF INDIAN ACADEMY OF FORENSIC MEDICINE REGISTRATION & ACCOMODATION FORM**



### **GENERAL DETAILS**

Delegate form  Foreign  Indian  SAARC Country

Name .....  
Designation .....  
Department .....  
Institution .....  
Mailing Address .....  
..... City .....  
PIN ..... State ..... Country .....  
Tel. (R) ..... (M) ..... Nationality .....  
Fax ..... Email .....

### **SPOUSE / ACCOMPANYING PERSONS DETAILS :**

No. of Spouse/Accompanying Persons : 0  1  2  3  4  5

Details of Spouse/Accompanying Persons :

Name .....  
Age ..... Sex ..... Nationality .....

### **ACCOMMODATION REQUIREMENT :**

Do you need accommodation from the Conference Organizers :  Yes  No

### **PAYMENT DETAILS**

Amount ..... Cheque/DD No. .... Date .....

Demand Draft  Bank Transfer

- (1) FOR REGISTRATION : .....
- (2) FOR ACCOMODATION : .....
- (3) No. OF ACCOMPANYING PERSONS : .....
- (4) NAME OF HOTEL : .....
- (5) TYFE OF ROOM: AC/Non.AC/  
Double/Single/Sharing : .....
- (6) FOOD CHOICE: Veg/Non veg : .....
- (7) NAME OF BANK: : .....

Send all payments in favour of 'Forensic Medicon 2012' through Demand Draft. Drawn at Raipur or remit by Bank Transfer using the Bank **IFSC code ORBC0100918** (Oriental Bank of Commerce, Branch Medical College Raipur, Chhattisgarh), **Branch code 0918** in the Bank account no. **0918201 1010344**. The draft on its back page should have mention the name of the participant .

The details of the bank through which the amount transferred.

Name ..... Bank Name .....  
A/C No. .... Branch .....

**DATE : .....**

**SIGNATURE**