

# **REGISTRATION FORM**

NAME:

QUALIFICATION:

KMC REG. NO.:

KOA MEMBERSHIP NO.

ADDRESS:

MOB . NO.:

EMAIL :

## **Registration fee**

**CONSULTANTS : RS 500**

**POSTGRADUATES\*: RS 200**

\*Postgraduates are required to get permission letter from respective HODs

PAYMENT MODE: CASH/CHEQUE/DD

DD in favour of HASSAN ORTHOPAEDIC ASSOCIATION payable at Hasssan.

KINDLY SEND THE FILLED REGISTRATION FORM AND DD TO THE FOLLOWING ADDRESS

Dr Pramod Chavan,  
No.71, HIMS DOCTORS QTRS, SRI CHAMARAJENDRA HOSPITAL  
CAMPUS,  
HASSAN -573201

Please register before 05th SEPTEMBER 2018