



T.S. SRINIVASAN - NIMHANS
Knowledge Conclave 2019

REGISTRATION FORM

15th & 16th February 2019

(PLEASE FILL IN CAPITALS)

Title (Prof./Dr./Mr./Mrs./Ms : Initials Name :

Medical Council Registration No.: Name of Medical Council State.....

Profile: In training Consultant / Faculty

Organisation.....

Address for Correspondence

City State Pin Code..... Country

Telephone Fax E-Mail

Draft details : Bank Name:

Draft No Rs..... Date.....

Category	Upto 30 th November 2018	Upto 31 st January 2019	Spot
Student	3,500	5,000	7,500
Consultant	5,000	7,500	10,000

Pre Conclave Workshops 14/02/2019

- A. Neurology
- B. Neuropsychiatry
- C. Neurosurgery

Please send the registration form to Conference Secretariat : **Marundeshwara Enterprises**,
A2, Shanthi Apartments, New No.18 (Old No.21) TTK 1st Cross Street,
Alwarpet, Chennai - 600 018. Phone : 91-44-2435 3079, 2432 8152
Tel/Fax : 91-44-2432 0605, E-mail : tss@neurokrish.com

Please select any one of the workshop which you would like to attend