

# REGISTRATION FORM

## ADOLESCON 2014

(Please fill in Capital Letters)

Name : .....

Category :  IAP Member  Non IAP Member  PG Student

Address : .....

Contact No. : .....

Email ID : .....

Total Amount ₹ ..... by Demand Draft/ Cash

Bank : ..... Date : .....

DD No. : .....

Signature

### Conference Registration Fees

Category	Upto March 31	Upto June 30	After Sept. 30
IAP Members	2000/-	2500/-	3500/-
Non IAP Members	2500/-	3000/-	4000/-
PG students	1500/-	2000/-	3000/-

Application of PG Students must be endorsed by HOD  
Payment : DD in favour of "Dayanand Medical College & Hospital"  
payable at Ludhiana

Kindly send duly filled Registration forms alongwith DD to :

**Dr Harmesh Singh Bains**

*Organising Secretary*

Prof. & Head, Department of Pediatrics,  
Dayanand Medical College & Hospital,  
Ludhiana, Punjab 141001

Tel : 0161-4687222 (office) Fax : 0161-2302620

Email - harmesh.bains@gmail.com

Website - www.dmch.edu→forthcoming events→ADOLESCON 2014