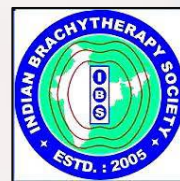




9th Annual Conference of Indian Brachytherapy Society



IBSCON – 2019

REGISTRATION FORM

Full Name:

Medical Council Reg. No: State.....

Address:

Designation: Department:

Hospital/ Institution:

Email :

IBS membership No: Mobile No:

NEFT Transaction ID No:

Accompanying Person:

Signature & Date: (Meal Preference VEG NON-VEG)

(Please send the duly filled **registration form** in the form of a scanned copy or as a word document along with **NEFT transfer details** by email to fathermulleroncology@gmail.com. You will receive an email confirmation of registration form after receipt by the organizing committee. Please save this email for your future reference.)

For Registration details, please contact:

Dr. Sandesh Rao B

61, Department of Radiation Oncology
Father Muller Medical College Hospital
Kankanady, Mangalore, 575002, Karnataka, India
Tel:0824-2238392
Mob: 9535984934, 8095904000
Email: fathermulleroncology@gmail.com

Bank account details for NEFT:
Name of the Account Holder:
**FATHER MULLER CHARITABLE INSTITUTIONS
SYNDICATE BANK
FMCI BRANCH, KANKANADY, MANGALORE
Account No: A/C No: 02393070000017
IFSC Code: SYNB0000239**

