

**National Homoeopathic Conference 2015, Bikaner**  
**REGISTRATION FORM**

Registration No.:.....

Date:-.....

To,

**The Secretary,**  
National Homoeopathic Conference 2015,  
M.N. Homoeopathic Medical College & Research Institute,  
M.N. Hospital Campus, Near Dr. Karani Singh Stadium,  
Bikaner (Raj.)-334001

Respected Sir,

I would like to participate in National Conference under the Banner of  
" **National Homoeopathic Conference 2015**", So please registered me as  
Delegate/Students/Internees.

Name-..... Age:-..... Gender.....

Institution-.....

Address-.....

..... State:-.....Pin-.....

Mobile-.....E-Mail- .....

Cheque No./D.D. No.....

**Registration fee**

**For Students and internees**

Upto 30<sup>th</sup> Jan. 2015- 800/-

Upto 28<sup>th</sup> Feb. 2015- 800/-

**For Delegates**

Upto 30<sup>th</sup> Jan 2015- 1000/-

Upto 28<sup>th</sup> Feb. 2015- 1200/-

**Mode of Payment:** - by Demand Draft/ Cheque in favor of "**National Homoeopathy Conference 2015**", **Bikaner**. or Amount can be deposited in Punjab national bank , Branch – K.E.M, Road , Bikaner (Raj.) **account no.- 3592000100171649 IFC Code – PUNBD0359200**

**For Office use**

Received on Date .....

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