

Legal Issues in Healthcare (29-30th June 2018)

To,
 Programme Coordinator,
 Institute of Health Management Research
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 Hulimangala Post, Electronic City,
 Bangalore-560105 Ph: 080-61133800 Ext.: 803
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Tick Whichever is applicable

Early Bird

Group

Reference: _____

Name of Participant: _____

Institute/Organization: _____

Complete address: _____

Mobile No. _____ Email Id: _____

No.	Name of Participant/s (For Group Registration)	Participation (Professional / Student)	Medical Council Registration No	Registration Council Details (Name and Place)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Payment Options:

- **DD/ Cheque:** can be drawn in favour of: **“INSTITUTE OF HEALTH MANAGEMENT RESEARCH”**

Amount of DD: Rs. _____ DD Number: _____ DD Date: _____

Bank Details: _____

- **Online Payment:**

Name	INSTITUTE OF HEALTH MANAGEMENT RESEARCH	Details of online payment
A/C No.	00530330000089	Name of the Payer:
IFSC Code	HDFC0000053	
BIC (Swift) code:	HDFCINBBNG	
Address	9, Eterna, Koramangala Indl Layout, Koramangala, Bangalore, Karnataka, India Pin-560 095.	NEFT Reference No.
		Transaction Date:

Date: - _____ Signature: - _____