IBHI INDO-UK ONCOLOGY SUMMIT - 2017

December 15th & 16th, 2017 Feathers Hotel, Chennai, India



Receipt No

Indo British Health Initiative (IBHI)

4/112, Mount Poonamallee Road, Manapakkam, Chennai, India - 600 089. Tel: +91 44 4200 2288, Extn: 4104 Website: www.ibhi.in

Name	
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE) Designation	
Designation	Date of Birth
Institution	
Postal Address	
CityState	Country
PinTelephone (R)	Mob
E-mail Id	
Medical Council Number	
Registration Details	Payment Details
☐ Medical Practitioner	Cheque / DD No. :
☐ Industry Delegate	Date :
☐ Post Graduate/Intern	Drawn on Bank :
IBHI Life Member (Membership Ref. No.)	Total Amount :
Fee Details :	
• Medical Practitioners and Companies : Rs.	
Bonafide Post Graduates / Interns : Rs.No fee for IBHI Life Member	1000/- Signature
Submission of registration form is mand	atory
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Acknowledgement will be sent through SMS or E-mail or online registrations please visit www.ibhi.in	I
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