

# REGISTRATION

## 12<sup>TH</sup> Annual National Conference of the Indian Association for Geriatric Mental Health

### GERON 2016

1<sup>ST</sup> & 2<sup>ND</sup> October, 2016

(Please fill the form in Capital Letters)

Name of the Delegate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel. No. (R): \_\_\_\_\_ (O): \_\_\_\_\_ (Fax): \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Sr.	Name (s) of accompanying person (s)	Age
1.		
2.		

#### Payment details:

1. Registration fee for delegates Rs.

2. Registration fee for accompanying person Rs.

Total Rs.

Please find enclosed herewith a Cheque/Demand Draft No..... Dated.....

for INR..... Drawn on (Name of the Bank)..... City.....

in favor of GERON 2016 A/c No. 1206040100005084 **Bank Name**: The Jammu & Kashmir Bank Ltd.

**IFSC**: JAKA0EJVBEM Branch: JVC Bemina, Srinagar "Payable at Srinagar"

**Date:**

**Signature of Delegate**

Please post the completed form to

**Dr. Ab. Maajid**

Deptt. of Psychiatry, SKIMS Medical College (JVC) Bemina, Srinagar - 190017

Cell #: 9419071771 | E-mail: maajid72@gmail.com