



Host: A. J. Institute of Dental Sciences
 Venue: A. J. Auditorium, AJIMS Campus

Registration Form

Registration Information (Please write in capital letter only)

Date: _____

*Name: _____

Age: _____ * Gender: M* F Food Preference: Veg Non -Veg

*Hospital/Organization/Institute/Affiliation/Clinic Name: _____

Designation: _____

*Address: _____

*City: _____

*Country: _____ *State: _____ *Pin Code: _____

*Mobile No.: _____ *E-mail ID: _____

*Dental Council Registration Number: _____ Council State: _____

*Registration Type: PG Student IOS Life Member SAARC Countries Foreign Delegates

Accompanying Person

Accompanying Person:

1. Name: _____

2. Name: _____

3. Name: _____

* Food Preference: Veg Non -Veg

Payment details

*Mode of Payment: DD NEFT Cheque Others

*Amount: _____ *Bank: _____ *Date: _____

*Transaction No.: _____

Signature _____