**JHANSICON 2012**

**XV Annual Conference of Indian Association of Preventive and Social Medicine**

**State chapter of UP & Uttarakhand,**

24th & 25th December 2012

## Registration Form

## Delegate’s Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname |  | First Name |  | Middle Name |  |
| Designation |  |
| Full Postal Address |  |
| Phone No. |  | Mobile No. |  |
| Email ID |  | Life Member ship No.  | L  |
| Details of Co-Delegates | S.No. | Name | Age & Sex | Relation with Delegate |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| D.D. /Cheque No./Cash |  | AmountRs. | Date |

## Travel Details

|  |  |  |  |
| --- | --- | --- | --- |
| Specification | Day | Time | Mode |
| Arrival at Jhansi |  |
| Departure from Jhansi |  |

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| SecretariatDepartment of Community Medicine,M.L.B. Medical College, Jhansi, U.P.Pin No. 284128Mob No. 09935084481, 09415057763Email:- jhansicon2012@gmail.com |

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