**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 |  | | | Amount  Rs. | | | | | Date | | | |

## Travel Details

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

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