

REGISTRATION FORM

EMOCK - PG REFRESHER COURSE 25th to 29th Nov 2020

Name :
Medical Council Name: Registration No:
Address: City:
..... State: Pincode:
Mobile: Email ID:

Registration Fee – Rs.500/-

(TNMC & ICOG CME CREDIT POINT APPLIED – Rs.100 EXTRA to be paid for certificates)

Mode of payment:

ONLINE PAYMENT (NEFT / RTGS) please mention Participant/Remitter Name, Conference Name particulars

Name of the account	PSG INSTITUTE OF MEDICAL SCIENCES & RESEARCH
Account holder address	P.Box No: 1674, Avinashi Road, Peelamedu Coimbatore-641004, Tamilnadu
Account No	148 122 4538
Account type	SAVINGS 010
Name of the Bank	CENTRAL BANK OF INDIA
Name of the Branch & address	Peelamedu branch; Branch code: 0913 Avinashi road, Peelamedu Coimbatore – 641004, Tamilnadu
IFSC Code	CBIN0280913
MICR NO	641016006
SWIFT CODE	CBININBB COB
PAN NO	AAATP2881N

Please enter

Participant/Remitter

Name:.....

Conference Name particulars while remitting the fee-EMOCK2020

UTR refer no: Date:

Amount:.....

Please send the registration form to the E - mail address which is given below.

For more details contact : 0422-4345090

Email ID: og.psg@gmail.com

Registration fee payment could be acknowledged only by receiving the completely filled registration form by email to og.psg@gmail.com

**The last date for registration - 19th November,
Only registered participants can login.. Hurry up..!!**