



## Chittagong International Medical & Dental College Conference

### Registration Form

Title: ☐ Professor ☐ Doctor ☐ Mr. ☐ Mrs.

Basic Degree: ☐ MBBS ☐ BDS

Paper/Poster Presentation: ☐ Yes ☐ No

---

Name (Block Letter) : .....

Father/Mother Name : .....

Designation : .....

Institute: .....

Country : .....

Accompanying Person : .....

Mailing Address : .....

.....

E-Mail : .....

Cell : .....

Alternative Number : .....

Mode of Payment : ☐ Cash ☐ Cheque

Signature : -----

*ORGANISED BY*

Chittagong International Medical College | Chittagong International Dental College