

8 th National Conference of Academy of Regional Anaesthesia of India 10, 11, 12 August 2018 AL SAJ Convention Centre, Trivandrum



REGISTRATION FORM

Name(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)		
esignation :Department* :		
Hospital / Institution :		
Mailing Address :		
City Pin Code :		
*E-mail:		
* Mobile:	* Tel No Res / Off	
	Date of Birth: Age :	
Registration Category: AORA Member AORA Membership No Non-Member PG Student Accompanying Person Accompanying Person(s)		
Registration details Amount	Payment Details	
Conference Only :	Cheque / DD No. : Date:	
Conference + Workshop :	Drawn on Bank :	
Accompanying Person(s) : Total :	Branch :	
10tal :	Amount in words :	
Note: Bonafide letter attested by HOD is mandatory	Date: Signature	
for all PG's	Mode of Payment :	
Cancellation charges will be applicable as per the policy of AORA	At Par Cheque/DD to be drawn in favour of "AORA INDIA 2018" payable at TRIVANDRUM.	
Please send the dully filled registration form and DD/ Ch	eque (NEFT/ Cash Deposit receipt) at the Conference Secretariat	
Dr. SAJEESH G, Organising Secretary, 38, Gandhi Sma Mobile: 9447036316. E- mail: aoraindia2018@	araka Nagar, Muttada Post, Trivandrum, Kerala. 695025 Ogmail.com. Web Site: www.aoraindia2018.com	

Attestation from the Head of the Department for PG Delegates

Certified that Certified that

Dr/ Mr/ Mr	·s/Ms	
this Institution.	. We recommend his/ her wish to participate in t	he AORA India 2018
	conference/workshop during 2018.	

Signature Name Designation Institution

Place Date

Office seal