

**Registration Form**

**Date : / /20**

Surname

First Name

Middle Name

Delegate Name : -----

Correspondence Address : -----

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Mobile No.: ----- E-mail : -----

Accompanying Person / Spouse Name : -----

1) ----- Age : ----- Sex : -----

2) ----- Age : ----- Sex : -----

3) ----- Age : ----- Sex : -----

**Cadaver Workshop :**  Primary Knee Arthroplasty

(✓ Tick only one)

Advance Knee Arthroscopy

**Payment Mode**

■ Payment in favour of Nashik Orthopaedic Society

Payment : Cash / D.D. / Cheque (Payable at Nashik) / NEFT -----

D.D. / Cheque No : ----- Date : -----

Bank : -----

Payable at Nashik.

NEFT Detail : Date : ----- Amount : -----

**Bank :** Rajlaxmi Bank

**A/c No.:** 005575700000323

**Branch :** Gangapur Road, Nashik.

**IFSC Code :** YESB0RLB005 (YESB 0 (ZERO) RLB...)

**Secretariat Address :** VAMA EVENTS, Office No. 4, Ground Floor, Anmol Co. Op. Housing Society, Sakharam Keer Road, Shivaji Park, Mumbai 400 016. Ph.: +91-22-2438 3498, +91-22-2438 3499 Email : vamahospitality@hotmail.com

**For Further Information Log in :** [www.nashikorthopaedicsociety.org/nashikon](http://www.nashikorthopaedicsociety.org/nashikon)