

**REGISTRATION FORM**

Reg. No. : \_\_\_\_\_ (to be filled by office person) ARSI Member No. \_\_\_\_\_

Personal Details (Please use BLOCK LETTERS)

Title (Dr/Mr/Mrs/Ms): \_\_\_\_\_ Name \_\_\_\_\_

Qualification MBBS  M.D.  M.S.  (Specialty) \_\_\_\_\_

Institution / Organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Accompanying Persons \_\_\_\_\_ Age \_\_\_\_\_ Sex M/F \_\_\_\_\_

Age \_\_\_\_\_ Sex M/F \_\_\_\_\_

Registration Fees & food	Before 30th July, 2018	Before 30th September, 2018	After 30th September, 2018
ARSI member Indian delegate	<input type="checkbox"/> Rs 3000	<input type="checkbox"/> Rs3500	<input type="checkbox"/> Rs 4000
Accompanying person	<input type="checkbox"/> Rs 2000	<input type="checkbox"/> Rs 2500	<input type="checkbox"/> Rs3000
Non ARSI member	<input type="checkbox"/> Rs3500	<input type="checkbox"/> Rs 4000	<input type="checkbox"/> Rs4500
Post graduates (certificate required)	<input type="checkbox"/> Rs 2000	<input type="checkbox"/> Rs 2500	<input type="checkbox"/> Rs 3000

**Accommodation:** @Rs. 2000/- package per person on twin sharing basis for **3D/3N** only. We can accommodate upto 300 persons. Allocation of rooms on first come first serve basis. Post graduates should submit certificate from HOD. Only VEG food will be served. No Alcohol allowed in the campus.

Reg. Fee & Accommodation charges Payment: Payment may be made to "Shri Vithalrao Joshi Charities Trust" by Bank Draft payable at Chiplun..

Draft No. \_\_\_\_\_ Drawn on \_\_\_\_\_ Dated \_\_\_\_\_  
Amounts Rs. \_\_\_\_\_ \*

**For Electronic Transfer:**

Name: Shri Vithalrao Joshi Charities Trust

Bank of India Account No	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>9</b>
IFS Code:	<b>B</b>	<b>K</b>	<b>I</b>	<b>D</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>1</b>				
MICR Code	<b>4</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>						

Payment reference No.(UTR) \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount: Rs. \_\_\_\_\_

**Refund policy:**

In case of cancellation of registration, decisions regarding refund will be taken by organizing committee after the conference.

20% of the registration fee will be retained as administrative expense cost, and only 80% will be refunded.

Only applicable if request for cancellation if made by the 15th October, 2018

- **Registration will be confirmed upon receiving payment and duly filled form by email or post only.**

**Address for Correspondence : Conference Secretariat,**

B.K.L. Walawalkar Rural Medical College & Hospital, Kasarwadi, Sawarde, Maharashtra, India. Pin:415606

Phone: 02355-264149 Email: [arsicondervan2018@gmail.com](mailto:arsicondervan2018@gmail.com)

Contact: Dr. Netaji Patil – 09763551583, Email: [dr.netajipatil1912@gmail.com](mailto:dr.netajipatil1912@gmail.com)

Mr. Mukund Munagekar - 9881733884, Mr. RohanGupte- 08879017888

Website: [www.bklwrmc.com](http://www.bklwrmc.com) | [www.arsi-india.org](http://www.arsi-india.org)