

BREACH CANDY HOSPITAL TRUST

6th National CME on Audits in Infection Prevention & Control, 18th & 19th January 2019

Venue: Auditorium, Breach Candy Hospital Trust (BCHT)

REGISTRATION FORM

| | |
|---|--|
| Name | |
| Medical Council reg. no (Pls. write complete reg. No.) | |
| Designation & Institution | |
| Years of Experience in IPC | |
| Phone number | |
| Email ID | |
| Mailing Address | |
| Registration fee | |
| DD/AT PAR cheque / UTR no(for NEFT) | |
| Date | |
| Bank name & Branch | |
| Signature | |

Fee structure:

| Category | Upto 29 th December 2018 | From 30 th December 2018 till 10 th January 2019 |
|-------------------------|-------------------------------------|--|
| National Delegates | INR 4000/- | INR 5000/- |
| International Delegates | US\$ 85 | US\$ 100 |

Payment should be made by:

- ❖ **DD** to Breach Candy Medical Research Centre “Payable at Mumbai “
- ❖ **AT PAR cheque** to Breach Candy Medical Research Centre

Please send this form duly filled along with DD/cheque to the address mentioned below Address:

Postal Address :Dr. Aruna Poojary, HOD, Dept. of Pathology & Microbiology, Breach Candy Hospital Trust, 60 A Bhulabhai Desai Road, Mumbai 400026.

- ❖ For **Electronic Money Transfer** please find below the bank details:
Beneficiary name: Breach Candy Medical Research Centre
Bank Name: UCO BANK
Account No: 00930100014847
IFSC Code: UCBA0000093
SWIFT #: UCBAINBB002

Kindly share the following details & send the scanned copy of registration form through email the same day.

- 1) Transaction Number/IMPS Reference Number, 2) Date and Time, 3) Screen shot of successful transaction, 4) Amount., 5) Name of Person

- ❖ **Prior registration is compulsory. No spot registration**

For registration & queries please contact:

Dr. Pritam Pardeshi (7738376001) Email: pritam.pardeshi@breachcandyhospital.org
Ms. Carol D'souza (09773595297) Email: sheebajohn@breachcandyhospital.org
Ms. Sneha Johnson (08080128278)
Mr. Anurag Kumar Bari (Junior Research Officer, BCMRC) (09768562322)