

PERSONAL DETAILS

(Please Fill-In CAPITAL LETTERS Only)

Participant's Name (Surname First):

Speciality / Student:

Postal Address:

City: Mobile No:

State: Office No:

Pin Code: E-mail:

REGISTRATION FEES

Consultant ₹ 10000	PG Student** ₹ 5000	Overseas Participants \$ 500 (USD)
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** For PG Students a letter from HOD on His / Her letterhead is required.

Mode of payment:

Cheque / DD should be drawn on "PROGRESSIVE VASCULAR FOUNDATION" payable at Delhi.

Cheque Demand Draft

Amount: Date:.....

Cheque / DD No.:

Bank Details:

You can also remit through RTGS as per the details given below:
"PROGRESSIVE VASCULAR FOUNDATION"
Bank: **HDFC Bank**
Current A/C No.: **50200008677166**
Branch: **SOUTH PATEL NAGAR**
IFSC: **HDFC0001661**

PLEASE FILL-IN REGISTRATION FORM & SEND IT TO THE FOLLOWING ADDRESS:

EVL 2020, Dr. V. S. Bedi
Chairman, Department of Vascular & Endovascular Surgery
Sir Ganga Ram Hospital, F-63, Casualty Block,
Rajinder Nagar, New Delhi 110060, INDIA.