

STAR BASICS 2019 REGISTRATION FORM

Name: _____

Name of the institution: _____

Course and year of study: _____

Address: _____

City: _____ State: _____ Pin code: _____

E-mail: _____

Mobile: _____

Food preference: Veg / Non-veg

REGISTRATION FEE: Rs. 3500 (entries limited to 100)
LATE REGISTRATION FEE AFTER 5TH AUGUST: Rs.4000,
SPOT REGISTRATION: Rs.5000
For online registration visit www.stanleyradiology.com

PAYMENT PARTICULARS

DD/ Cheque to be made in favour of "STANLEY RADIOLOGY WELFARE FUND"
payable at 'Chennai' and send to
Dr. G. SATHYAN, PROFESSOR, DEPT OF RADIODIAGNOSIS (301),
STANLEY MEDICAL COLLEGE, CHENNAI- 600 001.

DEMAND DRAFT/ CHEQUE NUMBER	DATE	FOR RUPEES	NAME OF THE BANK

The organising committee reserves the right to reject any application at its discretion *

Delegates are requested to arrange accommodation on their own.