



AMS 2018

9th - 12th August, 2018

HOTEL TAJ COROMANDEL, CHENNAI, INDIA

REGISTRATION FORM



Name : _____

Designation : _____

Institution / Hospital : _____

AMS/MSS MEMBER : YES /NO DELEGATE : INDIAN /OVERSEAS/TRADE/STUDENTS

Mailing Address : _____

City : _____ State _____ Pincode : _____

Mobile : _____ E-mail : _____

Accompanying persons:1 _____ 2. _____

Payment details for REGISTRATION

CONFERENCE INR.....

CONFERENCE & WORKSHOP : INR..... ULTRASOUND MRI (Select one)

FEE FOR ACCOMPANYING PERSON :

NEFT/DD / Cheque No.....Date.....

Name of the Bank..... Total payment enclosed.....

Declaration: Certified that Dr. is a bonafide PG student of the Department.

Signature & Stamp of HOD

Signature of Delegate

- For Online payment visit ams2018chennai.com. DD /cheque to be drawn in favour of " AMS 2018 " payable at 'Chennai' .To be posted / couriered to:**Prof.C.Amarnath, 301,Dept.of Radio Diagnosis, Stanley Medical College Hospital, Chennai - 600 001.**
- **Online NEFT/RTGS Payment : IndusInd Bank Limited. Address:** Nungambakkam branch, Chennai, **Account Name :** AMS 2018,**Account Number :** 159884877622, **IFSC Code :** INDB0000007