****

**REGISTRATION FORM**

**STATE LEVEL CONFERENCE ON “SINGLE VENTRICLE PALLIATION IN CONGENITAL HEART SURGERY”**

**NURSING UPDATES**

**Name :**

**Designation :**

**Address of the Institution :**

**City, State :**

**Pin Code :**

**Phone :**

**E-mail :**

**RN / RM NO :**

**Veg / Non- Veg :**

**Mode of payment : Cheque / DD / Cash / NEFT\***

**(Pay Rs.500 /- Cheque / DD Payable to ‘NURSING CONFERENCE SCTIMST’ Trivandrum or in Cash)**

**Please bring your RN / RM number without fail; appropriate credit hours will be allotted to the programme.**

**Signature :**

**Date :**

**The Co-ordinator, Nursing Conference SCTIMST**

**Thiruvananthapuram – 695011.**

**E-mail : nursingconferencesctimst@gmail.com**

**Ph: 9496545597,9400550955,9495406387,9400446995**

**\* Through NEFT to Nursing Conference SCTIMST Account No. 67292219941, IFSC Code – SBIN0070029, Medical College Branch Thiruvananthapuram from any bank. Kindly quote the transaction ID number in the registration form.**