



Indian Academy of Neurology

Indian Summer School – 2017

June 03-04, 2017 at Kolkata

Registration Form

Prefix _____ (Dr./Mr./Ms.)

First name _____ Middle Name: _____ Last Name: _____

Age: _____ Gender _____ Degrees: _____

Affiliation: _____

Department: _____ Institute: _____

Correspondence Address: _____

City: _____ Pincode: _____ State: _____

Country: _____

Tel No. _____ Mobile No. _____ Email id: _____

Are you a member of the IAN? Yes No

If yes, membership number please: (LM/LAM/AM) - _____

Registration fee Details:

Rs. 1000/- (One Thousand Only)

Cheque/DD in favour of "Indian Academy of Neurology"
payable at Mumbai

The last date of registration is April 30, 2017

The Form should be duly approved by HOD and sent to the following address:

Dr. Arabinda Mukherjee
Organising Chairperson, Summer School – 2017,
40-A, Lake Temple Road,
Kolkata – 700029

Email id: mukherjee31@gmail.com

Signature of the HOD

Date: _____

Signature of the Participant