

ANCU 2020
Presents
1ST CONFERENCE OF NEUROCRITICAL CARE SOCIETY OF INDIA
NCSI-VIRTUAL
2nd - 4th October, 2020

REGISTRATION FORM

(Please use CAPITAL LETTERS, as required on badge)

Name: Prof. / Dr. / Mr. / Ms. _____

Designation: _____

Address: _____

Institute: _____

City/ State: _____ Postal Code: _____

Telephone: _____ Mobile: _____

E-mail: _____

Registration Fee Structure	
CATEGORY	Amount
CONFERENCE	2000
Workshop	1000

Please tick the name of the workshops, which you would like to attend:

TCD workshop **Mechanical Ventilation**

Acute Neuro Care Course (ANC)* **Workshop on EEG***

***ANC & EEG are parallel workshops so choose one of them.**

Mode of Payment: Bank Transfer:

IMPS / RTGS / NEFT Transaction No _____ Date _____

Account name: **Artemis Medicare Services limited**

Account no: **12032320000023**

Type of account: **Corporate current account**

IFSC code: **HDFC0001203**

Bank branch: **HDFC bank, GF-02, Global business park, Mehrauli-Gurugram road, Gurugram, Haryana - 122002**

Please send in your completed forms with the snapshot of transaction by email or Whatsapp at specified numbers.

Dr. Saurabh Anand

Head of Department

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