

# REGISTRATION FORM

## 8<sup>TH</sup> NCSI 2011

Name of the delegate.....

Age: ..... Sex: ..... Designation.....

Name of Hospital/Institution (full address).....

.....

.....

Address for correspondence.....

.....

.....

Tel. No: (with STD code)..... Fax No.....

Mobile No..... Email:.....

### Category

NCSI member  Non NCSI member

Student/Student technologist

### Payment details:

Demand draft:  Cheque:

Amount:.....

Cheque/DD No. ....dated.....

Name of Bank & Branch.....

Signature

Signature of Head of Department  
(For student delegate)

### Please send the completed registration form to:

Dr. Chetan D. Patel

Organizing Secretary, 8<sup>th</sup> NCSI 2011

Additional Professor, Dept of Nuclear Medicine

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