

OASAC
Midterm Symposium on Road traffic accident

27th October, Raipur, Chhatisgarh - 492001, India

REGISTRATION FORM

Registration No.:
(For secretariat use only)

Registration Fee :- Rs. 1000/- for Indian delegates, 50 US\$ for International delegates.

First Name..... Middle Name..... Last Name.....

Designation :

Name of Accompanying Person :

No. of Children above 12 yrs. :

Address for Correspondence :

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State:..... PIN Code :..... Country :.....

Phone / Mobile :

E-mail :

PAYMENT DETAILS

Delegate Fee..... In words

.....

Demand draft/cheque(at par) No. : Dated :

Bank :

**Demand draft /Cheque should be drawn in favour of OASAC-2013
payable at Raipur.**

Back Side of Registration Form

BANK TRANSFER

Name of Bank : **Oriental Bank of Commerce**, Chhatisgarh, INDIA

Name & Type of Account : OASAC-2013, Saving Account No : 09182011014274

Branch : Pt. J N Medical College, Raipur,

Account No : 09182011014274

IFSCCode : ORBC0100918

MICRCode : 492022004

FOR INWARD REMITTANCE IN US\$

- OBC's Account with institution: Citi Bank, New York Swift code of Citi Bank, New York: CITIUS33
- OBC's Nostro Account no. with Citi Bank, New York: 36152559 (CHIPS UID 218075 FED ABA 021000089)
- Swift code of OBC's Branch, Pt.JNMC RAIPUR: ORBCINBBIBD

Note :

- Please send duly filled registration form along with DD/Cheque at par to the address of symposium secretariat.
- Please ensure your registration as earliest possible.
- For international delegates Swift code of Bank and Branch is essential for inward remittance.
- Cancellation of registration is possible till 1st October 2013.
- All refund claims will be settled after the symposium with 50% administrative charges deduction.

Symposium Secretariat

Room n No. 442, 3rd Floor,

Dr. B.R.Ambedkar Memorial Hospital, Raipur, CHHATTISGARH-492001, INDIA

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