



36th ANNUAL CONFERENCE OF IADVL - AP STATE CUTICON 2017



REGISTRATION FORM

Registration Number

(Office use only)

IADVL Membership Number

(LM/PLM)

IADVL LM ☐ PLM ☐ PG - Non PLM ☐ Non-Member ☐ Accompanying Person ☐

Medical Council Registration Number _____ State _____

Name _____ Male ☐ Female ☐ Veg. ☐ Non-veg. ☐

(As it should appear on Badge / Certificate - Fill in CAPITALS)

Address _____

_____ City _____ PIN _____

Mobile _____ E-mail _____ (Mandatory)

Accompanying Persons 1. _____ 2. _____

3. _____ 4. _____

Registration Fees : Self Accompanying Persons Total

Mode of Payment : DD ☐ NEFT ☐ CASH ☐

Payment by DD, infavour of 'IADVL - AP CUTICON 2017' Payable at Nellore or
by RTGS to "IADVL-AP CUTICON 2017" Punjab National Bank, Nellore.

Current A/c No. : 0370002100021729, IFSC Code : PUNB0037000.

Please send Transaction confirmation receipt along with registration.

Date _____

Signature _____

Mailing Address (Send by Registered Post) :

Dr. P. PENCHALA REDDY

Organising Secretary, AP CUTICON 2017

Modern Skin & Cosmetology Clinic, Gandhi Nagar, NELLORE - 524 001. (AP)

Tel. : 0861-2320628, Mob. : 98662 12709