



ROCC

RESIDENT ORTHO COURSE CALICUT '17

(ROCC) GMC ORTHO TRUST & IQRA HOSPITAL

2017 Dec 10 & 11 Calicut

Venue: GMC ORTHO AUDITORIUM,

West Nadakkave, CH Cross Road, Near CH Palli, Calicut - 673011

REGISTRATION FORM

*First Name: _____ *Surname: _____

Address: _____

_____ *City _____ *Pin Code: _____

State: _____ Country: _____

*Contact details : _____ *Mobile: _____ *Office: _____

Course and Year of Study: _____

Case Presentation: Long / Short / Any / None _____

E-mail id: _____

Registration category : up to 1st Dec 17 - Rs. 3000 / - [] up to 9th Dec 17 - Rs. 4000/- []

Spot Registration - Rs. 5000/- [] Meal preference: Veg / Non Veg

**SPOT
REGISTRATION**
₹ 5000/-

OR

Payment
by bank
transfer

Name of Account: P. K. Surendran Memorial Education Foundation
Name of Bank: Indian Oversease Bank, Chevayur Branch, Kozhikode
A/c No. 089901000008591, IFSC Code: IOBA0000899
Send the details by E-mail to gopinathan.p@gmail.com

Mode of Payment: Cheque/DD No. _____ Dated _____ drawn on _____

Amount _____ DD _____

in favour of P.K. Surendran Memmorial Education Foundation payable at Calicut

Please send duly filled Registration Form along with DD/ Cheque to:

Professor Dr. P Gopinathan GMC ORTHO TRUST

West Nadakkave, CH Cross Road,, Near CH Palli, Calicut - 673011

Contact details: Office no: 0495 2361014 Mobile No: 09447059014

• *Conference registration is mandatory for attending this programme •