



# AMS 2018

9 - 12 August, 2018

HOTEL TAJ COROMANDEL , CHENNAI, INDIA

## REGISTRATION FORM



Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Institution / Hospital : \_\_\_\_\_

AMS/MSS MEMBER : YES /NO      DELEGATE : INDIAN /OVERSEAS/TRADE/STUDENTS

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ State \_\_\_\_\_ Pincode : \_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

Accompanying persons:1 \_\_\_\_\_ 2. \_\_\_\_\_

### Payment details:

REGISTRATION FEE: CONFERENCE/ CONFERENCE & WORKSHOP :.....

WORKSHOP : ULTRASOUND /MRI .....

FEE FOR ACCOMPANYING PERSON : .....

NEFT/DD / Cheque No.....Date.....

Name of the Bank..... Total payment enclosed.....

**Declaration:** Certified that Dr. .... is a bonafide PG student of the Department.

Signature & Stamp of HOD

Signature of Delegate

- For Online payment visit [ams2018chennai.com](http://ams2018chennai.com). DD /cheque to be drawn in favour of " AMS 2018 " payable at Chennai, To be posted or couriered to: **Dr. C .AMARNATH, Professor, Dept.of Radio Diagnosis 301, Stanley Medical College Hospital,Chennai - 600 001.**
- **Online NEFT/RTGS Payment : IndusInd Bank Limited**  
Address: Nungambakkam branch, Chennai, Account Name : AMS 2018,  
Account Number : 159884877622, IFSC Code : INDB0000007