



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. 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