

# **Childhood Allergies**

*on 24<sup>th</sup> & 25<sup>th</sup> March 2018 (Saturday & Sunday)  
Venue – Auditorium Hall A, Sir Ganga Ram Hospital, Delhi*

## **REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_ CONTACT NO (R) \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **Registration:-**

INR 4000/- up to 15<sup>th</sup> February 2018  
INR 5000/- 16<sup>th</sup> February to 15<sup>th</sup> March 2018  
INR 6000/- 16<sup>th</sup> August 2018 onwards & Spot

Send cheque (ALL BRANCHES PAID)/ DD in favor of "SIR GANGA RAM HOSPITAL"

PAYMENT AMOUNT \_\_\_\_\_ (CASH/DD/CHEQUE/NEFT) \_\_\_\_\_ DATE: \_\_\_\_\_

BANK \_\_\_\_\_ NEFT Bank Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

### **NEFT Details:**

A/c Name: SIR GANGA RAM HOSPITAL

A/c No. 91112010000014

Branch: Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi-110060

A/c Type: Saving Account Bank: Syndicate Bank IFSC Code: SYNB0009111

### **Mailing Address:**

**Dr. Neeraj Gupta**

**Ward – 6, Dept. of Pediatrics**

**Institute of Child Health**

**Sir Ganga Ram Hospital, Rajinder Nagar**

**New Delhi – 110060**

**Tel: 011-42251855/ 56**