



REGISTRATION FORM

STATE LEVEL CONFERENCE ON “SINGLE VENTRICLE PALLIATION IN CONGENITAL HEART SURGERY”

NURSING UPDATES

Name :
Designation :
Address of the Institution :
City, State :
Pin Code :
Phone :
E-mail :
RN / RM NO :
Veg / Non- Veg :
Mode of payment : **Cheque / DD / Cash / NEFT***

**(Pay Rs.500 /- Cheque / DD Payable to ‘NURSING CONFERENCE
SCTIMST’ Trivandrum or in Cash)**

**Please bring your RN / RM number without fail; appropriate credit hours will
be allotted to the programme.**

Signature :
Date :

**The Co-ordinator, Nursing Conference SCTIMST
Thiruvananthapuram – 695011.**

E-mail : nursingconferencesctimst@gmail.com

Ph: 9496545597,9400550955,9495406387,9400446995

*** Through NEFT to Nursing Conference SCTIMST Account No. 67292219941, IFSC Code –
SBIN0070029, Medical College Branch Thiruvananthapuram from any bank. Kindly quote the
transaction ID number in the registration form.**