



REGISTRATION FORM

CONTINUING NURSING EDUCATION ON “CARDIOVASCULAR & THORACIC SURGERY NURSING: CLINICAL UPDATES”

Name :
Designation :
Address of the Institution :
City, State :
Pin Code :
Phone :
E-mail :
RN / RM NO :
Veg / Non- Veg :
Mode of payment :
Signature :
Date :

Registration CLOSED & NO SPOT Registration

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.

The Co-ordinator, Nursing Conference SCTIMST
Thiruvananthapuram – 695011. Mob 8129728722
E-mail : nursingconferencesctimst@gmail.com
Ph: 0471-2524616-216, 9447900233,133

* 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.