



## **REGISTRATION FORM**

### **STATE LEVEL CONFERENCE ON - UPDATES IN NEURO CRITICAL NURSING 2018**

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

**: Cheque / DD / Cash / NEFT\***

**(Pay Rs.300 /- 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.**

**E-mail : nursingconferencesctimst@gmail.com**

**Ph: 04712524216,9497785181,8547639234,9400591103**

**\* 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.**