



**THE SANKARA NETHRALAYA ACADEMY
(A UNIT OF MEDICAL RESEARCH FOUNDATION)
AND
DEPARTMENT OF LABORATORY SERVICES
SANKARA NETHRALAYA**



SEMINAR ON “MEDICAL TECHNOLOGY IN HEALTH CARE: A DRIVING FORCE!”

REGISTRATION FORM

PARTICIPANT DETAILS:

NAME:

DESIGNATION:.....

ORGANIZATION:

Participant Category:

Student / Lab technologist/ Research Scholars / Academic Researchers / Industry Professionals

ADDRESS:

.....
.....

PHONE NO / MOBILE :

E-MAIL:

Participation in scientific events : (Please tick)

- Poster presentation The poster size should be 90 X 120 cms.
(Chart printed and Flex posters are accepted.)
- Scientific Events (Quiz and other events)

PAYMENT DETAILS:

DD in favour of “**Medical Research Foundation**” payable at Chennai.

Bank Name and date _____ DD amount & Number: _____

ONLINE PAYMENT: NEFT Transfer to MEDICAL RESEARCH FOUNDATION, City Union Bank,
Purasawalkkam Branch, A/C NO: 112001001089459; IFSC CODE: CIUB0000112 or

- Visit the link: <http://www.thesnacademy.ac.in/cubpgw/index.aspx>

Your A/c No, amount transferred : _____

Transfer ID and transfer date: _____

Kindly submit Bonafide certificate for student registration.