

REGISTRATION FORM

Additional copies may be downloaded from our website www.gidsr.com
Mail completed registration forms to 'Course Co-ordinators' at the college
address

Name: _____

Designation: _____

- ☐ Faculty
- ☐ Post Graduate Student
- ☐ Intern
- ☐ Final Year Student
- ☐ Private Practice

Name of College (In case you are Faculty/Student)

Office Address (In case you are into Practice)

Contact No: _____

Email ID: _____

Modes of Payment

1. Electronic bank transfer:

PNB Current Bank Account No: 0654002100057769

RTGS/NEFT/IFS Code: PUNB0065400

Please email a scanned copy of your electronic transaction
receipt at: sedationandblscourses@hotmail.com

2. DD in favor of: 'Genesis Academy of Continuing Dental
Education', Payable at Ferozepur

Name of Bank: _____

Dated: _____

- **Last date for receiving the completed registration Forms along with course fee is Saturday, March 9, 2013.**
- The cut-off date will be strictly followed as the registered delegates have to be provided with the BLS Course Study Material by MAX Institute of Medical Excellence (MIME), Max Super Specialty Hospitals, 20 days before the date of the course
- **These are limited participation courses & the participants will be registered on 'First Come First Serve' basis.**