



PHYSIOGENIX-2020

REGISTRATION FORM

Date: __/__/__

Name: _____

Qualification: B.P.T. / M.P.T.

Name of the Institute: _____

Address of the Institute: _____

Email id: _____

Phone number: _____

Registration fee details:

- Fee- 450/-
- Mode of payment- Cash/ Electronic transfer/ Paytm
- Electronic transfer details:

Account Name: M.B. Gohil Institute of
Medical Science and Research Centre

Account Number: 29290200000527

Paytm- 9924575126

*In IFSC code, the 5th character is zero.

Branch Name: Nandini Complex

Bank Name: Bank of Baroda

*IFSC Code: BARB0NAVSGL

Signature of Participant

Institute Seal

Signature of Principal

SEND THE SCANNED COPY OF THE DULY FILLED REGISTRATION FORM AND
TRANSACTION DETAILS OF THE FEE PAYMENT TO:

Email id: physiogenix2020@gmail.com

The Registration Committee, PHYSIOGENIX 2020

M.B. Gohil College of Institute of Medical Science and Research Centre, Navsari