



M.B. GOHIL INSTITUTE OF MEDICAL SCIENCE AND RESEARCH CENTER

WORKSHOP- REGISTRATION FORM

Name of the Participant: _____

Name of the Institute: _____

Address of the Institute: _____

Email id: _____

Phone number: _____

Date: __/__/____

Registration fee details:

- Early Bird Registration Fee- 2000/-
- Late Bird Registration Fee- 2500/-
- 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

RULES:

- Students have to send the scanned copy of the registration form to the following email id: physiogenix2020@gmail.com
- On spot registration is available.

Principal's Signature and seal