

IAMLE-2018



9th International Conference on Legal Medicine, Medical Negligence and Litigation in Medical Practice &

9th International Conference on Current Trends in Forensic Sciences, Forensic Medicine & Toxicology (IAMLE-2018)

Date: 26th October - 28th October 2018, Venue: Dr. D.Y. Patil Medical College, Pimpri, Pune (M.S.)

REGISTRATION FORM

(Please use Capital Letters)

Name: Dr./Mr./Mrs./Ms.:_	·	· ·		
Age: years, Sex	x (tick √): M □ F □ De	esignation:		
Name of College/Institute:				
Address for Communication	on:			
	, State:			
PIN/ZIP Code:	, Email id:			
Mobile:	, Landline:	, Nationality:		
Accompanying Persons (tick √): 1 □ 2 □	3□		
1) Name:		, Age:	, Sex (tick √): M□	F
2) Name:		, Age:	, Sex (tick √): M □	F
3) Name:		, Age:	, Sex (tick √): M□	F□
Registration Category (ti	ck √): A1□ A2□ B1□	□ B2□ B3□ B4	4□ C□	
Online Payment: Transac	tion ID	, Amount:	, Date:	
Name of Bank:	, Branch:			
Offline Payment: Paymer	nt should be made by Chequ	ne/Demand Draft in favour	r of 'IAMLE2018DYPM	C'
payable at PIMPRI-CHIN	CHWAD, PUNE			
Cheque/Demand Draft No	:, Amoun	nt:,	Date:	
Name of Bank:		, Branch:		
Date:	Signature:			
·	d copy of Registration Form OR stration Form by Speed Post			
Professor & Head, Dept	anizing Secretary (IAMLE- . of Forensic Medicine & To College, Sant Tukaram Naga	oxicology,	PIN: 411018	

NB: 1. Registration shall not be processed until payment is received.

2. Accompanying person will not be entitled for Delegate Kit and Certificate.

(Download Registration Form from the website- www.iamle2018.dpu.edu.in)