**6th International Conference on Health Profession Education & Research**

***Theme: Towards Excellence in Health Professions Education & Research***

**Registration Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name**  (In capital letters to be printed on certificate) | | |  | | | |
| **Father’s Name**  (In capital letters to be printed on certificate) | | |  | | | |
| **Designation/ Job Title** | | |  | | | |
| **Country** |  | | | | | |
| **Institution** | |  | | | | |
| **Department/Hospital** | | | |  | | |
| **Address** |  | | | | | |
|  | | | | | |
|  | | | | | |
| **Landline** |  | | | | **Cell No** |  |
| **Fax No** |  | | | | **Email ID :** |  |
| **Alternate Email ID:** |  |

**++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++Payments Details (Select from Checklist Below)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| □**Conference Registration Fee (Two Days)**  **20-21, April, 2018** | | | | | | Rs. 2000/- (50% concession for students) | | | | | | | | |
| □**Pre-Conference Workshop**  **(Please specify the AM or PM with workshop number)**  **19th April, 2017** | | | | | | Rs. 1000/- Per workshop | | | | | □AM \_\_ | | | □PM **\_\_\_\_** |
| □**Gala Dinner Fee:** | | | | | | Rs. 1500/- Per Person | | | | | | | | |
| **Payment Mode** | | | | | | | | | | | | | | |
| **Through IBT/Cheque/PO/DD** | | | | | | | | | | | | | | |
| **Total Amount:** | | Rs. | | **IBT/Cheque/PO/DD Number** | | | |  | | | | **Date:** |  | |
| **Account No.** | 1450-8 | | **NBP Branch Code:** | | 1759 | | **Account Title** | | Khyber Medical University Peshawar | | | | | |
| **Through Cash to NBP Account (1450-8) Khyber Medical University Peshawar** | | | | | | | | | | | | | | |
| **Total Amount:** | | Rs. | | **Bank Receipt No.** | | |  | | **Date:** |  | | | | |

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I hereby received application form, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ applied for the following and deposited Rs. \_\_\_\_\_\_\_\_/- vide Bank Receipt No. \_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_/\_\_\_/2017 at Institute of Health Professions Education & Research, Khyber Medical University Peshawar.

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| □Conference Registration Fee (Two Days) |
| □Pre-Conference Workshop |
| □Gala Dinner Fee: |

**Signature (Dealing Assistant)**

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