



**ROCC**

## RESIDENT ORTHO COURSE CALICUT '18

(ROCC) GMC ORTHO TRUST & IQRAA HOSPITAL

2018 Dec 29 & 30 Calicut

Venue: GMC ORTHO AUDITORIUM,

West Nadakkave, CH Cross Road, Near CH Palli, Calicut - 673011

### REGISTRATION FORM

\*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ \*City \_\_\_\_\_ \*Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

\*Contact details : \_\_\_\_\_ \*Mobile: \_\_\_\_\_ \*Office: \_\_\_\_\_

Course and Year of Study: \_\_\_\_\_

Case Presentation: Long / Short / Any / None \_\_\_\_\_

E-mail id: \_\_\_\_\_

Registration category : up to 30th Nov 18 - Rs. 3000 / - [ ] up to 25th Dec 18 - Rs. 4000/- [ ]

Spot Registration: after 25th Dec 18 - Rs. 5000/- [ ] Meal preference: Veg / Non Veg

**SPOT  
REGISTRATION**

**₹ 5000/-**

**OR**

Payment  
by bank  
transfer

Name of Account: P. K. Surendran Memorial Education Foundation  
Name of Bank: Indian Oversease Bank, Chevayur Branch, Kozhikode  
A/c No. 089901000008591, IFSC Code: IOBA0000899  
Send the details by E-mail to gopinathan.p@gmail.com

Mode of Payment: Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_ drawn on \_\_\_\_\_

Amount \_\_\_\_\_ DD \_\_\_\_\_

in favour of P.K. Surendran Memmorial Education Foundation payable at Calicut \_\_\_\_\_

Please send duly filled Registration Form along with DD/ Cheque to:

**Professor Dr. P Gopinathan GMC ORTHO TRUST**

West Nadakkave, CH Cross Road,, Near CH Palli, Calicut - 673011

Contact details: Office no: 0495 2361014 Mobile No: 09447059014

• \*Conference registration is mandatory for attending this programme •