**5th International Conference on Health Profession Education & Research**

**Promoting student centered and community based education**

**“Theme: Curriculum Innovations: Global & Local Trends”**

**Registration Form**

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

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

|  |  |
| --- | --- |
| □**Conference Registration Fee (Two Days)****(8-9 April, 2017)** | Rs. 2000/- (50% concession for students) |
| □**Pre-Conference Workshop (7th April, 2017)** **(Please specify the AM or PM with workshop number)**  | 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:** |  |

**xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx(Cut here)xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx**

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)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**