

4th DAFPAL CME
18th October 2015

Venue : Hotel Devanshi Inn, Kalamboli

Host : IAP RAIGAD BRANCH

REGISTRATION FORM

Please Use : CAPITAL LETTERS Date

Name

Address

City Postal Code

State Country

Email

Mobile

Phone (With STD Code)

MMC Registration No.

Payments CASH ₹

DD / CHEQUE

DRAWN ON BANK NAME

(P.T.O.)

D.D. / Cheque in favour of
' Indian Academy of Pediatrics Raigad '
Payable At Alibag

For online payment A/c Indian Academy of Pediatrics Raigad
A/C NO: 04310100012571 IFSC CODE : BARBOALIBAG
MICR CODE : 402012102
BANK OF BARODA , BRANCH - CHENDHARE ALIBAG
Mail Registration Form To:
jaykumarbhandarkar505@gmail.com
Or Send To Bhandarkar Children's Hospital.

Note : Multicity Cheque will be accepted.
If cheque is rejected , EXTRA ₹ 500 will be charged.
Out Station Cheque Add ₹ 50

Kindly visit website www.iapraigad.org to
download registration form

Address For Correspondence :

Bhandarkar Hospital & NICU

Hari Madhur Milan CHS, Plot No.40, Sector - 5, Near D- Mart, New Panvel,
Dist. Raigad, Pin 410206. Mob: 9820306417 Office - 8am. to 4pm.

Email: jaykumarbhandarkar505@gmail.com