

1st INTERNATIONAL PAEDIATRIC CONFERENCE

REGISTRATION FORM

(Fill The Form In Capital Letters)

Name: Prof/Dr/Mr/Ms:

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Address: _____

CNIC No: _____

City: _____

Country: _____

Email: _____

Tel no: _____

Mobile: _____

Designation: _____

Place of work: _____

Mark the relevant category

Registration type	Fee
Consultant <input type="checkbox"/>	Rs: 1000
PGs/MOs <input type="checkbox"/>	Rs: 500
Student <input type="checkbox"/>	Rs: 250
Workshop <input type="checkbox"/>	Rs: 500(Each)

Workshops

500 rupees for each workshop

Child Nutrition

Asthma

Neonatal Resuscitation

Psychology Of School
Going Children

PAYMENT MODE:

1. Cash
2. Cheque
3. Bank draft/Pay order
4. Online Transfer

ACCOUNT DETAILS:

Title: Nazarat Taleem Sadr Anjuman Ahmadiyya Pakistan
Ac.No: 0251-01875001
Bank: Bank Alfalah Ltd. Chenab Nagar (Rabwah)

NAZARAT TALEEM

SADR ANJUMAN AHMADIYYA

CHENAB NAGAR (RABWAH) PAKISTAN.

PH: +92 476 212 473

FAX: +92 476 212 398

Mob: +92 334 418 2349
+92 345 305 0084

EMAIL: info@paedsconference.org

(WWW.PAEDSCONFERENCE.ORG)

Applicant's Signature