



Name _____

Age & Sex _____

Address _____

* E-mail _____

Phone No. with STD Code _____

Mobile No. _____

Food preference : Vegetarian / Non vegetarian

■ **Payment Details :**

I am enclosing herewith a DD / Cheque No.
date for Rs.
drawn on Bank payable at **Coimbatore** in
favour of **Coimbatore Kidney Centre**.

Date

Signature of delegate

* Please check e-mail regularly, for further communications.

Please send the completed Registration Form to :

Dr. N. Sudha
Organizer,
Coimbatore Kidney Centre,
Puliakulam Road,
Coimbatore - 641 045
Ph : 0422-4352400-406, 94438 46493