

# Telemedicine Conference

## REGISTRATION FORM



Organized by  
**Tamilnadu Dr.MGR Medical University &  
Telemedicine Society of India (TSI), Tamilnadu State Chapter**

**Venue :** Tamilnadu Dr.MGR Medical University, No.69, Anna Salai, GUINDY, Chennai-032

**Date :** 21-Oct-2017 (Saturday)

**Time :** 09.00 AM to 04.00 PM

Participant's Name : Mr / Ms / Mrs / Dr /Prof \_\_\_\_\_

Father / Spouse Name : \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender : \_\_\_\_\_  
(DD - MMM - YYYY) (Male / Female)

Address (Office / Institute) : \_\_\_\_\_ (Residence)

_____	_____
_____	_____
_____	_____
_____	_____

Ph. (Off) : \_\_\_\_\_ Fax : \_\_\_\_\_ Mobile : \_\_\_\_\_

Ph.(Home) : \_\_\_\_\_ Fax : \_\_\_\_\_ Mobile : \_\_\_\_\_

Email : \_\_\_\_\_ Email : \_\_\_\_\_

Fees detail : (Kindly fill appropriate box)

TSI membership No.	_____	Govt. Med. Coll./Hosp	_____	General Category	_____
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**No fees**

**No fees**

**Rs.1000**

Signature : \_\_\_\_\_

**Payment Detail:**

Drawn in Favour of "TSI, Tamilnadu State Chapter" Payable at Chennai.

**DD / Cheque No.:** \_\_\_\_\_ **Date :** \_\_\_\_\_ (Add. Rs.50/- if outstation cheque)

**Name of Bank:** \_\_\_\_\_ **Branch :** \_\_\_\_\_

**If Online Transfer:** Oriental Bank of Commerce, Porur, Chennai. **IFSC code:ORBC0101102**  
**TN-TSI A/C No. :110221 91009880**

**Post to:** The Registrar, TNDrMGRMU, 69,Anna Salai, Guindy, Chennai-032 ; email : [registrar@tnmgrmu.ac.in](mailto:registrar@tnmgrmu.ac.in)  
copy to : [tnchapter.tsi@gmail.com](mailto:tnchapter.tsi@gmail.com) website : [www.tnmgrmu.ac.in](http://www.tnmgrmu.ac.in) (or) [www.tntsi.org](http://www.tntsi.org)