

**CME ON FEMORAL OSTEOTOMIES AND FRACTURES IN CHILDREN
REGISTRATION FORM**

First Name.....Surname.....

Address

.....

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City Pin Code

State Country.....

TCMC Reg No

Contact Details : Mobile

E-mail

Meal preference : Veg NonVeg

Registration : Rs. 1000/-

Residential package (Registration, single occupancy,one night with breakfast) :Rs 3500/-

PAYMENT BY BANK TRANSFER

Name of Account : BABY MEMORIAL HOSPITAL LIMITED

Account Number : 13065500005630,

IFSC Code : FDRL0001306

Name of Bank : FEDERAL BANK PUTHIYARA BRANCH KOZHIKODE

Google Pay : 8281266209

Send your duly filled registration forms as document or picture to Whats App number -
8281266209