



Blue Prints In Rheumatology: **Linking Basics To Therapeutics**

REGISTRATION FORM

Name:
(To be written as you would want it printed on the certificate)

Mobile No.: **Email I.D.**.....

Mailing Address:

.....

Name of the Hospital / Institution:

Category (circle one): Faculty/PG Resident/Intern/Others. (.....)

Name of the Medical Council with Reg. No.

I, hereby agree to attend the "**BLUE PRINTS IN RHEUMATOLOGY: LINKING BASICS TO THERAPEUTICS**" and I am paying cash / cheque bearing No.datedin favour of Indian Rheumatism Association- Karnataka, payable at Bangalore.

Date:

Signature:

1. Registration form and cash will be accepted in the Department of Clinical Immunology & Rheumatology, Unit of Hope (3th floor)

OR

2. Registration form along with cheque favouring St John's Medical college, payable at Bangalore, can be sent to the Organizing Secretary (Dr. Sangeetha K N), Department of Clinical Immunology & Rheumatology, Unit of Hope 3rd floor, St. John's Medical College Hospital, Sarjapur Road, Bangalore – 560034.

3. Registration forms can also be downloaded from www.stjohns.in .

4. For any clarifications, contact: 9243620295 (9am to 5pm), Email ID: vineeta.s@stjohns.in

5. Registration fee: Rs: 100/-

i. Last date for registration 16/10/2017

Organizing Chairperson:

Dr. Vineeta Shobha
Head, Department of Clinical Immunology & Rheumatology,
St John's Medical College & Hospital.

Organizing Committee

Dr. Sheba Charles
Dr. Sangeetha K N
Dr. Sandra Sarah
Dr. Amirtha Gopalan