

2nd International Research Conference and Exhibition on Siddha Medicine - 2020

Registration Form

Full Name:

Designation:

Academic Qualifications:

Affiliation:

Official Address:

Email:

Mobile:

Presenter	
Participant	

Title of the Abstract:

.....
.....

Registration

Account No: 162100180000902

Branch: Peoples Bank, University of Jaffna.

Name of the Account: 2nd International Research Conference and Exhibition on Siddha Medicine (IRCESM- 2020).

***Please specify the name of the account in the bank slip.**

Please credit the registration fees for the conference to the above account number and send the scanned bank slip with the Registration Form to ircesmsiddha@gmail.com.