



1st International Conference & Exhibition on Siddha Medicine (ICESM - 2018)

REGISTRATION FORM

- Full Name:

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- Designation / Profession:

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- Affiliation:

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- Address:

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- E-mail:

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- Telephone No:

- Academic Qualification:

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- Research Track:

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9. Title of the Abstract:

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10. Presentation (Oral/Poster):

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Early registration is recommended.

Bank details:

Name of the Account Holder: University of Jaffna

Bank: Peoples' Bank

Branch: University of Jaffna

Acc. No: 162100180000902

Swift Code No-PSBKLKLX

Reason- ICESM 2018 – Registration Fee

Bank slip should be sent to the Email ID icesm2018@gmail.com

Registration:

Bank slip No:

Date:

Amount:

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Date

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Signature