

# 2<sup>nd</sup> International Research Conference and Exhibition on Siddha Medicine -- 2020

## Registration Form- Conference & Pre Conference Workshop

Full Name: .....

N.I.C NO.....

Designation:  
.....

Academic Qualifications:  
.....

Affiliation: .....

Official Address:  
.....

Email: .....

Mobile: .....

Presenter	
Participant	

### Registration

Please credit the registration fees for the Pre conference Workshop to the above account number and send the scanned bank slip with the Registration Form to [ircesmsiddha@gmail.com](mailto:ircesmsiddha@gmail.com).

**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.**