**3rd International Research Conference on Siddha Medicine -2022**

# Registration Form- IRCSM 2022

Full Name: ……………………………………………………………….

Academic Qualifications: ……………………………………………………………….

Designation: ……………………………………………………………….

Official Address: ….……………………………………………………………

Email: …………………………………………………

Mobile: ………………………………………………………

**Please tick the relevant**

|  |  |
| --- | --- |
| Presenter |  |
| Participant |  |
| Pre Conference workshop |  |
| Conference |  |
| Pre Conference & Conference |  |

Presenters and participations for the conference and preconference workshop should credit the Registration fees to the Peoples’ Bank, U.O.J and send the scanned bank slip with the Registration Form to email ircsm2022@gmail.com.

**Name of the Account**: University of Jaffna

**Account No**: 040002282201928

**Branch**: Peoples Bank, University of Jaffna

# \*Reason should be mentioned as “IRCSM 2022” in the bank slip.