

**Form**  
**For Registration:**  
**NSIABMS /FORUM**  
**GMC Registration Number:**

**FULL Name: (Mr./Mrs./Miss)**

Mobile No :

Email ID:

Age:

Sex:

Hospital/college:

Department:

Resident Address:

DD /Cash:

Presentation ORAL /POSTER:

Title of Presentation

Signature of Participant

**Certificate from HOD attached or  
signature and stamp of HOD**

**One can use Xerox copy of this form**