

# SFM Kolkata Chapter



SOCIETY OF  
FETAL MEDICINE

## FETAL CNS WORKSHOP

Sunday, 21st April 2019 | Dayananda Hall  
Ramakrishna Mission Seva Pratishthan, Kolkata

### Registration Form

Gender : Male  Female

Veg  Non-Veg

Title Prof/ Dr/ Mr/ Ms \_\_\_\_\_

SFM Membership No: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution / Affiliation \_\_\_\_\_

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

( Please tick the appropriate checkbox )

(All the above fields are mandatory)

#### Category

#### Registration Fees

SFM Member

INR 1200

Non Member

INR 1500

The above fees is inclusive of GST

#### Mode of Payment

Payment to be made by Cash / At Par A/c Payee Cheque / DD / NEFT drawn in favour of  
“**SOCIETY OF FETAL MEDICINE**” and send to the Secretariat address mentioned below:

**Bank Details:** A/c. Name : **Society of Fetal Medicine**

A/c. No. : **91111010002044**

Bank : **Syndicate Bank**

Branch : **Sir Gangaram Hospital, Rajinder Nagar, New Delhi - 110060**

IFSC Code : **SYNB0009111**

**BANK TRANSFER:** Transaction No.: \_\_\_\_\_ Dated: \_\_\_/\_\_\_/\_\_\_ Amount \_\_\_\_\_

**OFFLINE PAYMENT:** Cash  Cheque / Demand Draft

I am enclosing a D.D. / Cheque No. \_\_\_\_\_ Dated: \_\_\_/\_\_\_/\_\_\_ Drawn on \_\_\_\_\_

payable f (in fig.) \_\_\_\_\_ (in words \_\_\_\_\_)

#### Conference Secretariat

Conference Secretariat : Omega Clinic Fetal Care Centre, 2nd Floor,  
152, S.P. Mukherjee Road, Kolkata 700 026

Tel: +91 9231985594 | E-mail : [sfmkolkata@gmail.com](mailto:sfmkolkata@gmail.com)

For Online Registration, Visit - [www.societyoffetalmedicine.org](http://www.societyoffetalmedicine.org)