

# UGRA WORKSHOP — 2024

(Ultrasound guided Regional Anaesthesia)

## REGISTRATION FORM

Delegate Details          Prof          Dr.          Mr.          Mrs.

Name \_\_\_\_\_

Designation \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name on badge \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Category	PG	Delegates	On Spot Registration	Accommodation (Double Occupancy)
Payment detail	₹1000/-	₹1500/-	₹2000/-	₹2500/-

### BANK DETAILS

Account Name - SRMS TRUST  
Account No - 52241132000386  
Bank Name - Punjab National Bank  
Bank Branch - SRM Medical Smarak Trust, Bareilly-243202  
IFSC Code - PUNB0522410

Payment to be made by cheque/DD/RTGS/NEFT Drawn in favour of "SRMS TRUST" payable at Bareilly. PG Students/ Residents should attach a Certificate from their Head of the department.

Please mail this form and bank draft / Cheque to :

**Dr. Gaurav Misra**

Organizing Secretary

Shri Ram Murti Smarak Institute of Medical Sciences  
13 km., Bareilly-Nainital Road, Bareilly - 243202 (U.P.) India

Email: [urgaworkshop.2024@srmsims.ac.in](mailto:urgaworkshop.2024@srmsims.ac.in) / [urgaworkshop.2024@gmail.com](mailto:urgaworkshop.2024@gmail.com)

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