

REGISTRATION FORM

Name :-----

Address :-----

Telephone :------(Office)------(Res. With STD code)

Email :-----

Mailing Address:

Dr.Ramani.S.Wesley
Professor & Head
Community Oncology Division
Regional Cancer Centre
Medical College P.O
Trivandrum

Contact: 0471-2522376(office)

Mobile: 9447192171

Email: preventcancer@rcctvm.org, Website: www.rcctvm.org

Note: Registration fee for participation is Rs.300 and Rs.250 for PGs

Mode of payment: At the time of registration (8.30 AM)