

REGISTRATION FORM
ISHI Training Course on Transplant immunology
1-2 Dec, 2024, AIIMS, New Delhi

Full Name: _____
Date of Birth: _____ **Sex:** _____
Category: Student/Faculty/Research Scholar/Professionals, Others _____
Designation: _____
Hospital/Organization: _____
Preferred Mailing Address: _____

City: _____ **Zip/Postal Code:** _____ **State/Province:** _____
Country: _____
Telephone: _____ **Mobile:** _____
Email: _____

COURSE FEES

INR 2500/- (ISHI members), INR 3000/- (ISHI non-members),

PAYMENT METHOD -online

NEFT Transaction Detail: _____ Dated: _____

Date:

Signature of the Delegate/Participant

RTGS/NEFT Payment Details:

Account Name	INDIAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS
Address	SBI, Ansari Nagar, New Delhi
Bank Name	STATE BANK OF INDIA
Savings Account No	10874589631
IFSC code	SBIN0001536

Note: Please mail completed registration form with payment details to:
ishitraining2024@gmail.com