



**XVIII<sup>TH</sup> MAMC PG ORTHOPAEDICS INSTRUCTIONAL COURSE,  
1<sup>st</sup> to 4<sup>th</sup> February, 2017**

**DEPARTMENT OF ORTHOPAEDIC SURGERY  
MAULANA AZAD MEDICAL COLLEGE & ASSOCIATED  
L.N., G.B. PANT AND G.N.E.C. HOSPITALS, NEW DELHI**

**COURSE DIRECTOR**

**DR. V.K.GAUTAM**

Director Professor and Head  
Department of Orthopaedics  
Maulana Azad Medical College

**ORGANIZING SECRETARY**

**DR. SUMIT SURAL**

Professor  
Department of Orthopaedics  
Maulana Azad Medical College

**REGISTRATION INSTRUCTIONS (FORM A)**

**Registration Fees:**

Till 31<sup>st</sup> December : Rs.2500/-

1<sup>st</sup> to 15<sup>th</sup> January : Rs.3500/-

2<sup>nd</sup> to 28<sup>th</sup> January : Rs 4500/-

**Spot Reg. (if available): Rs 6000/- (Cash payment only). Limited 300 Seats First Come First Served Basis**

**Mode of Payment :** Till 28<sup>th</sup> January **only** by Demand Draft / NEFT (No Cash Payment)

**Spot Registration :** Cash only

**National Electronics Fund Transfer (NEFT) Details:**

Please mention the following details in your respective bank at the time of course fee submission in the PG Course savings account in Syndicate Bank:

- 1. Name : PG Course Ortho MAMC**
- 2. Account No : 90682010099972**
- 3. IFSC : SYNB0009068**
- 4. Please mention your /Remitter's name when you apply in your bank for transaction**
- 5. Please write the transaction Ref. No of your Bank**
- 6. FOREIGN DELEGATES : Instead of IFSC, Please write  
SWIFT CODE: SYNBINBB126**

Please e mail the Remitter Name and transaction ref No along with **REGISTRATION FORM B** to [sumitsural@hotmail.com](mailto:sumitsural@hotmail.com)

**Bank Draft Details :** payable to **PG Course Ortho MAMC**

Please send by post, **REGISTRATION FORM B WITH BANK DRAFT** to :

Office, Head of Department  
Department of Orthopaedics  
6<sup>th</sup> Floor, New Ortho Block  
Lok Nayak Hospital, MAMC Campus  
Bahadurshah Zafar Marg, New Delhi 110002

**Venue of PG Course: Auditorium, G.B.Pant Hospital**

**Correspondence Address:**

**Dr. V.K.Gautam:** Course Director **Dr. Sumit Sural:** Organizing Secretary

**Conference Secretariat:** Office of Department of Orthopaedic Surgery, 6<sup>th</sup> Floor New Ortho Block,  
Lok Nayak Hospital, MAMC Campus, New Delhi -110002

Tel. (O): 23235386

Dr. V.K.Gautam: 9968604319

Dr. Sumit Sural: 9968604323; 9999614742 Email: [sumitsural@hotmail.com](mailto:sumitsural@hotmail.com)

**Website: [www.mamc.ac.in](http://www.mamc.ac.in)**



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**REGISTRATION DETAILS (FORM B)**

**Please Check Instructions in Form A**

<b>Name :</b>	<b>Photograph</b>
<b>Institution :</b> ..... <b>Pursuing : M.S (Orth.)/ DNB (Orth.)/ D.Orth.</b>  <b>Mobile No. :</b>  <b>E Mail :</b>  <b>Given DNB Theory : Yes/ No</b>  <b>Attended MAMC PG Course previously : Yes / No</b> <b>If attended, in the year(s).....</b>  <b>Veg / Non Veg</b>	          <b>Please paste / attach latest passport size photo</b>
<b><u>NEFT Details :</u></b> <b>Remitter's Name .....</b> <b>Transaction Ref. No.....</b> <b>Date .....</b> <b>Bank.....</b> <b>Amount.....</b>	<b><u>Bank Draft Details :</u></b> <b>Draft No.....</b> <b>Date.....</b> <b>Bank.....</b> <b>Amount.....</b>

**Please Note :** Bank clearance is difficult when **NEFT** transaction is not done by delegate.

In case more than one transaction payments have been done by a single Remitter, all names of delegates should be mentioned along with remitter's name.

**Unless Remitter's name is mentioned in each Registration form with NEFT payment, Registration will not be final.**

**Venue of PG Course: Auditorium, G.B.Pant**

**Correspondence Address:**

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