

SYMBIOSIS COLLEGE OF NURSING

Symbiosis International University

(Established under section 3 of the UGC Act, 1956 vide notification No.F.9-12/2001-U3 Government of India)

Re-Accredited by NAAC with 'A' grade

Prof. Dr. S. B. Mujumdar, M.Sc., Ph.D., Founder & President, Symbiosis, Chancellor, Symbiosis International University

REGISTRATION FORM

(Delegates to fill in the form & send back to SCON You can photo copy this form for additional registrations.)

Name :					
Designation :					
Organization :					
Address :					
Contact No : (Tel.)	(Mobil	e)			
Fax No :					
Email Address :					
m registering as : Student Delegate Staff Delegate					
Bank Name:	DETAILS OF DEMAND DRA				
DD Number : Dated Amount (INR) :					
(Kindly draw a D.D. in	favour of Symbiosis College o	f Nursing, payable at Pune)			
	Beneficiary Bank Name & Address	Bank of India, Karve Road, Pune 411 004, Maharashtra, India			
Bank Details for Net Banking	Beneficiary Account Name:	Symbiosis College of Nursing			
(NEFT)	SWIFT Code:	BKIDNBBPMB			
(/	IFSC Code (NEFT):	BKID0000503			
	Bank Account No.:	050310210000026			

REGISTRATION FEE (In INR)

Sr. No.	Type of Delegate	Pre-Conference registration on or before Nov 10, 2016	Conference registration on or before Nov 10, 2016	Spot Registration
1	Registered Nurses	300/-	2200/-	2800/-
	/Faculty delegate			
2.	Student delegate	300/-	2000/-	2500/-

Note: 1. Registration fee includes cost of the Conference proceedings, Delegate's kit, Certificate, Refreshment & Lunch

- 2. For Registered Nurses RN & RM number is must to get credit points from Maharashtra Nursing Council
- 3. Id Card is must during Registration

Venue: Symbiosis Vishwabhavan Auditorium, Symbiosis Campus, Senapati Bapat Road, Pune-411004 Maharashtra **Contact Persons:** Mrs. Dipali Dumbre - 9921938445 & Mrs. Shital Waghmare -9823084105