**7th International Conference on Health Profession Education & Research**

**“Health Professions Education in Changing Times”**

**Registration Form**

|  |  |
| --- | --- |
| **Name****(In capital letter to be printed on certificate)** |  |
| **Father’s Name** **(In capital letter to be printed on certificate)** |  |
| **Designation/ Job Title** |  |
| **Country** |  |
| **Institution** |  |
| **Department/Hospital** |  |
| **Address** |  |
|  |
|  |
| **Landline** |  | **Cell No** |  |
| **Email ID :** |  | **Alternate Email ID:** |  |

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**Payments Details (Select from Checklist Below)**

|  |  |
| --- | --- |
| □**Conference Registration Fee 20-21 March 2019 (Two Days)** | Rs. 2000/- (50% concession for students) |
| □**Pre-Conference Workshop 19 March 2019** **(Please specify the AM or PM with workshop number)**  | Rs. 1000/- Per workshop | □AM \_\_  | □PM **\_\_\_\_** |
| **Payment Mode** |
| **Through KMU, MCB online account (receipt attached on Page-2)**  |
| **Total Amount:** | Rs.  | **Bank Receipt No.**  |  | **Date:** |  |
| **Through Cash** |
| **Total Amount:** | Rs.  | **Received By:** |  | **Date:** |  |

**Candidate Signature**

**Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (Cut here) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx**

I hereby received application form, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ applied for the following and deposited Rs. \_\_\_\_\_\_\_\_/- vide Bank Receipt No. \_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_/\_\_\_/2019 at Institute of Health Professions Education & Research, Khyber Medical University Peshawar.

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| □Conference Registration Fee (Two Days) |
| □Pre-Conference Workshop  |

**Signature (Office Manager)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:** Institute of Health Professions Education and Research, 1st Floor, Academic Block, Khyber Medical University, Phase-5, Hayatabad, Peshawar

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