**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 KMU students) | | | | | | | | |
| □**Pre-Conference Workshop 19 March 2019**  **(Please specify the AM or PM with workshop number)** | | | Rs. 1000/- Per workshop  **(50% concession for KMU students)** | | | □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**

**xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (Cut here) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx**

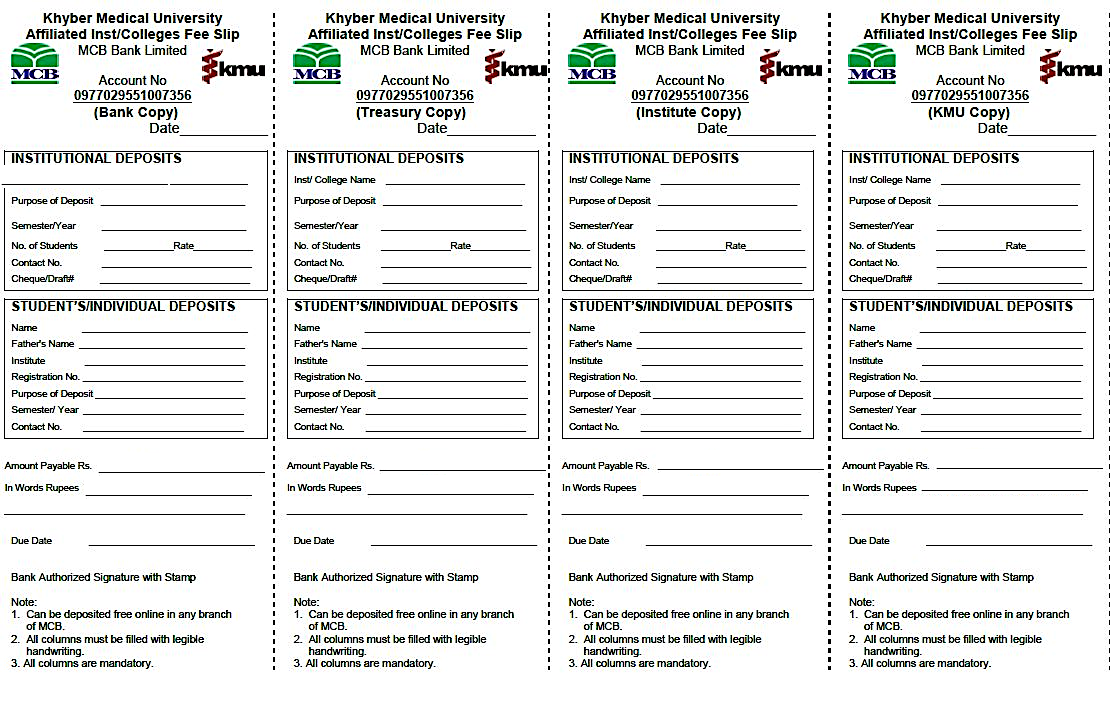
I hereby received application form, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ applied for the following and deposited Rs. \_\_\_\_\_\_\_\_/- vide Bank Receipt No. \_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_/\_\_\_/2019 at Institute of Health Professions Education &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