**C.M PATEL COLLEGE OF NURSING**

CONSTITUENT COLLEGE OF KADI SARVA VISHWAVIDYLAYA

06th February 2019

*Registration Form*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RN/RM No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution with Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WhatsApp No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Details: D.D., Cash, Cheque, Bank account Deposit**

**Amount** **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD No. With Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Delegates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Date of registration: 30/01/2019**

**In case of more than one delegate from same institute send only 1 registration form with**

**Attached list of the students and faculty.**

**No Spot Registration** (Reserved seats will be allocated on registration)

**ACCOUNT DETAILS:**

|  |  |
| --- | --- |
| **NAME**  | **STUDENT NURSES ASSOCIATION** |
| **ACCOUNT NO.** | **520101264930394** |
| **BANK NAME**  | **CORPORATION BANK** |
| **BRANCH**  | **UDYOG BHAVAN , GANDHINAGAR** |
| **IFSC CODE:** | **CORP0000583** |