



JODHPUR DENTAL COLLEGE GENERAL HOSPITAL

REGISTRATION FORM FOR HANDS ON COURSE WORKSHOP

Name: Dr/Mr/Ms

Gender: Date of Birth: .../.../.....

Designation:

Institution:

Communication Address:

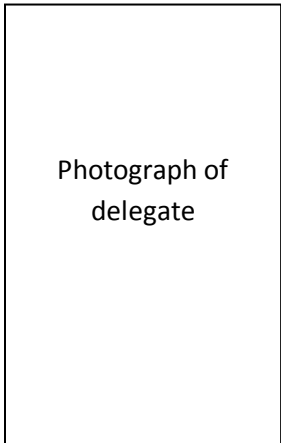
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City: State: Pin code.....


Email: Mobile No.....

Registration details (Transaction number of NEFT):



Signature of delegate

Signature of H.O.D

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Note:

1. Participants from outside Jodhpur will be placed in Group 1.
2. Lectures for Group 1 and Group 2 will be conducted on 22nd December 2014.
3. If you need accommodation you will have to arrange it by yourself. For your assistance we are providing a list of hotels.
4. Pick up facilities from the list of Hotels provided and railway station to the venue will be arranged. Anyone who would like to avail this facility has to reach these designated pickup points. For transport queries please contact Dr. Nitin Kalla (Ph. No. 09413647102)
5. Last week of December is peak tourist time in Rajasthan. Kindly book your travel tickets and accommodation as early as possible.