



Association of Surgeons of India

REGISTRATION FORM

**WORKSHOP ON QUALITY ENHANCEMENT- SUPPORT FOR
NABH PREPARATION
24TH JUNE ONWARD EVERY FRIDAY 8:00 PM TO 10: PM**

A. CONTACT DETAILS

Name:

.....
Dr/ Prof. Surname First Name Middle Name

Postal Address:

City / District: Pin Code:

Cell Phone No:..... Email Id:

B. NAME OF HOSPITAL IN WHICH YOUR CURRENTLY WORKING:

.....

Bed strength of your hospital:

C. CATEGORY : Owner Director C E O Consultant
 Administrator Accreditation Coordinator

D. ASI MEMBERSHIP : Yes No If yes, ASI Membership No:

Registration is a MUST for participation:

ASI Member : Rs. 2,360/-

Non ASI Member : Rs. 5,900/-

DD/ Cheque is to be drawn in favour of: The Association of Surgeons of India

NEFT / IMPS is to be done as per the following details:

Name of the Account: The Association of Surgeons of India

Name of the Bank: Bank of Baroda

Name of Branch: Tiruvateeswa / Triplicane, Chennai

A/c No: 0678 04 00 00 23

Account Type: Over Draft

IFS Code: BARB0TIRUVA (5th character is numeric zero)

E. PAYMENT DETAILS: