

REGISTRATION FORM

Name :

Postgraduate [year]:

Institute :

Mobile no. :

E-mail ID :

PAYMENT MODE :

A. Electronic fund transfer
NEFT/RTGS registration & Transaction
details to be mailed to
pathologyrrmch2013@gmail.com.

Bank Details:

Bank: **KOTAK MAHINDRA BANK LTD.**
A/C Name : **RAJARAJESWARI
MEDICAL COLLEGE AND HOSPITAL.**
A/C No.: **6811260695.**
IFSC CODE: **KKBK0000427.**
Branch Name: Banashankari Branch,
Bangalore.
MICR CODE: 560485007.

B. DEMAND DRAFT to be drawn in
favour of 'RAJARAJESWARI MEDICAL
COLLEGE AND HOSPITAL', payable
at Bangalore.

REGISTRATION DETAILS:

REGISTRATION FEES
: Rs 1000/- (each team).

LAST DATE FOR REGISTRATION:
10/01/2017

Registration details can be sent via post
to the following address:

Dr. SHARMILA.P.S
Professor & HOD of Pathology,
RajaRajeswari Medical College & Hospital,
N0:202, Kambipura, Mysore Road,
Bangalore – 560074.

ORGANIZING COMMITTEE

ORGANIZING CHAIRPERSON

DR.USHA RAMACHANDRA

Professor of Pathology & Director of PG studies.

ORGANIZING SECRETARY

DR.SHARMILA.P.S

Professor & HOD of Pathology [9448473489]

JOINT ORGANIZING SECRETARY

DR.VAMSEEDHAR ANNAM

Professor of Pathology [9701500592].

TREASURER

DR.JYOTHLA.RAJ

Professor of Pathology [9900570122].

COMMITTEE MEMBERS

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Professor of Pathology [9008536583].

Dr. C. J. PRAKASH

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Blood Bank Officer
9845128072

6th ANNUAL STATE LEVEL INTERCOLLEGIATE PATHOLOGY POSTGRADUATE QUIZ

KPPL QUIZ – 2017



ORGANIZED BY



DEPARTMENT OF PATHOLOGY
RAJARAJESWARI MEDICAL COLLEGE
& HOSPITAL,
NO. 202, KAMBIPURA,
MYSORE ROAD,
BENGALURU- 560074.



IN ASSOCIATION WITH



**KARNATAKA
CHAPTER - IAPM**

VENUE :
RRMCH - COLLEGE (KADAMBA)
AUDITORIUM

DATE : 20/01/2017, FRIDAY
TIMINGS : 9.00AM to 4.00PM

