REGISTRATION FORM

13th BIR PG PRIMER COURSE

28, 29 FEB & 1st MARCH 2020

(TO BE FILLED IN CAPITAL LETTERS)

Name : ……………………………………………………………………………..

Address : ………………………………………………………………………….

……………………………………………………………………………………….

……………………………………………………………………………………….

Telephone No. : ………………………………………………………………….

Mobile : ……………………………………………………………………………

Email : …………………………………………………………………………….

Course : **Only for Exam Going (Final Year) -** DMRD / MD / DNB PGs

Specify if attended this course previously: Yes / No

Institution : ………………………………………………………………………

Institution address : ……………………………………………………………

……………………………………………………………………………………….

Food : Veg / Non Veg

\*Sign & Seal of the Head of the Department :……………………………………………………..

(or copy of DNB course completion certificate signed by head of the institution must be attached)

Please make payments through Demand Draft(DD) for **Rs.7000** (including Service Tax) (non refundable) drawn in favour of **BIRWAA** ( **BIRWA Asso)** payable at **CHENNAI.**

MODE OF PAYMENT : Demand Draft(DD) Only.

PAYMENT DETAILS :

TRANSACTION ID :

DATED :

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| --- |
| BANK : SEND TO BIR-PRIMER 2020BARNARD INSTITUTE OF RADIOLOGY TOWER-I, RAJIV GANDHI GOVT.GENERAL HOSPITAL, MADRAS MEDICAL COLLEGE, PARKTOWN, CHENNAI-600 003. CONTACT: biracademics@gmail.com Dr. Krishnaveni 9003952303Dr. Rupini 9176008655 |

 Kindly send the scanned copies of filled registration forms to biracademics@gmail.com

Allotment of seat at the discretion of Director BIR. Limited seats only.