

BIIP 2016

4th Breast Imaging & Interventions Program 2016

Registration form - BIIP 2016

Name : _____

Qualification : _____

Designation : _____

Institute : _____

Address for Communication : _____

Email : _____

Landline : _____

Mobile : _____

DD/On Par Cheque No : _____

Dated : _____

Amount : _____

Course Fee : Rs.5000/-

Bank Transfer : Name of Beneficiary : BIIP COURSE

Account Number : 33829530840

Bank Name and Branch : STATE BANK OF INDIA,
MRC NAGAR, Chennai 600028

Account Type : CURRENT ACCOUNT

IFSC Code : SBIN0011732

Please email us the details of the bank transfer.

Receipts will be issued on 12/8/2016

