

**1ST ANNUAL SYMPOSIUM ON COLORECTAL CANCER  
REGISTRATION FORM**

(Please Print)

GOMAL MEDICAL COLEGE  
Dera Ismail Khan

**PERSONAL PARTICULARS**

Title:           Prof   Dr   Mr   Mrs   Miss

Full Name : .....

PMDC #.....

Cnic No #

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Organization e.g. DHQ/GMC etc.: .....

Job Title: .....

Mobile:.....                      Email:.....

Address:.....

.....

<b>REGISTRATION TYPE   <input type="checkbox"/>CONSULTANT   <input type="checkbox"/>TMO   <input type="checkbox"/>H.O   <input type="checkbox"/>STUDENT</b>		
<b>INFORMATION</b>		
<b>Consultant Rs 1000/-</b>	<b>TMO/H.O. Rs 700/-</b>	<b>Student Rs 300/-</b>

**Payment Detail:**



**UNITED BANK LIMITED**  
Account No# 0215321066  
Account Name # Akhtar Munir Khan  
Branch Code: 524  
UBL Circular Road branch  
D.I.Khan.



**Easy Paisa**  
**03427773176**

**For Registration Contact:**

**M.Younas   03085349677**  
**Asad Munir   03450250065**  
**Zeeshan   03457908517**

**For Accomodation Contact # 0345-7908517**