



Registration Form

Registration No.:

Bill No. Date/...../ 20....

19th Annual Conference 2016

INDIAN SOCIETY OF GASTROENTEROLOGY, WEST BENGAL CHAPTER

Venue: TAJ BENGAL,

KOLKATA.

Date: 19th & 20th February, 2016.

Name:

(Block Letter)

Address:

Pin Code. : **Email:**

Institute:

Telephone:

Residence: Mobile No.:

Registration Fee (Before 10th February, 2016)

Delegate:

Member/Non Member : Rs. **1,000.00**

Student (MD/DM) : Rs. **500.00**

Rs. 1,000.00 / 500.00, Ch./DD. No.:

Date:/...../ 20.....

Bank Name

The Cheque/Draft should be drawn in favour of "**All India Society of Gastroenterology, West Bengal**" as early as possible.

Secretariat:

All India Society of Gastroenterology, West Bengal Chapter

BS-2 Apartment, Ground Floor,

12A, Suhasini Ganguly Sarani, Near Harish Park.

Kalighat, Kolkata – 700 025. Phone No. 91 33 2223-4744

Email: isgwbc@gmail.com **Website:** www.aisgwbc.org

N.B.: for registration please contact Mr. Pratap Pandit (9433380147) & Mr. Sudipta Chakraborty (9474004960) at 11 A.M. to 3 PM of all working days at the School of Digestive & Liver Diseases, 4th Floor of Ronald Ross Building, Room No-5A, 244 AJC Bose Road, Kol-20