



**ASSOCIATION OF RADIATION ONCOLOGISTS OF INDIA  
(WEST BENGAL CHAPTER)  
ANNUAL CONFERENCE, 2020**

**REGISTRATION FORM**

Please complete in BLOCK LETTERS:

**Title:** Prof/Dr/Mr/Ms

**Name:** Last Middle First

**Designation:** **Institute:**

**Mailing address:**

**City:** **State:** **Pin code:**

**Tel:** **Mobile:** **Email ID:**

**MODE OF PAYMENT:**

(1) By Demand Draft/ Multicity cheque:

DD or cheque should be made out to "Association of Radiation Oncologists of India (AROI) WB Chapter" and payable at Kolkata

DD/ Cheque no: Bank: Branch: Date:

(2) Online payment: (By NEFT)

*Account Name:* Association of Radiation Oncologists of India (AROI) WB Chapter

*Account Number:* 0152101053360 *Bank:* Canara Bank *Branch:* Bowbazar, Kolkata

*IFSC Code:* CNRB0000152 *MICR Code:* 700015006

**RATE: INR 1500 (PG Trainees)/ 2500 (All other Delegates) [includes 18% GST]**

**CONFERENCE SECRETARIAT:**

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