



2nd WORLD CONGRESS ON TRADITIONAL MEDICINE

REGISTRATION FORM



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Regd No :

Categories : Delegate / Sponsor / Exhibitor

Delegate Type : National / International

Title : Dr / Prof / Mrs / Mr / Miss

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Name of the Applicant : _____

(In Block Letters)

Organization: _____ Position _____

Address: _____

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Regd. Fees : _____ Ref. by : _____

Food Habbit : Veg / Non Veg

Mode of Payment : Cheque / Bank Draft / Online

Pay of Demand Draft :

In the favor of Holistic Medicine Research Foundation payable at Hyderabad

Beneficiary Name : **Holistic Medicine Research Foundation**

Name of the bank : **HDFC Bank**

Branch Address : Punjagutta, Hyderabad

Account No : **50200028330683**

Swift Code : **HDFCINBB**

IFS Code : **HDFC0001228**

Signature of Applicant

Verified by

HOLISTIC MEDICINE RESEARCH FOUNDATION

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