REGISTRATION FORM

Name: ..........................................................................................................................

Degree: .........................................................................................................................

Designation: ...................................................................................................................

Department: ..................................................................................................................

Institute: ..........................................................................................................................

Official Address: .......................................................................................................... 

Address for communication: .........................................................................................

Email address: .............................................................................................................

Phone No./ Mobile No.: ...............................................................................................

Payment details (Registration shall be confirmed only on receipt of payment)*

Made by:  

☐ Demand draft.................... ☐ Cash....................... 

☐ Cheque ............................. ☐ NEFT......................

Cheque / Demand draft No.……………….. Drawn on………………Dated……………….

NEFT…………………………………Journal no…………………………………….

*Payment to be made in favour of “PSY-PROM” payable at Chandigarh
For NEFT payment –A/c no:- SB30761350321, Bank Branch: SBI Medical Institute, PGI (Chandigarh) Branch, IFSC
Code:- SBIN0001524

Registration fees of Rs.2000/- includes Registration, Accommodation on sharing basis (for 17th-18th March), kit, Tea,
Lunch and Dinner. The complete registration forms along with D/D are to be sent to: Drug Deaddiction and
Treatment Centre, Department of Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh-
160012.

REGISTRATION
Registration is open for 100 participants on a first cum first served basis. Information about the confirmation of
registration will be given as early as possible on receiving registration form and fee. In all circumstances registration
will be closed on 14 March 2016.

Conference Secretariat: Drug Deaddiction and Treatment Centre, Department of Psychiatry, Postgraduate Institute
of Medical Education and Research, Chandigarh-160012; Email address: dttccme@gmail.com Phone No: 0172-
2756818