



## DRY NEEDLING WORKSHOP- REGISTRATION FORM

Name in Capitals :		
Age:	Gender :	Qualification :
Address 1:		
City & State :		
Contact :		Email:
Employment details:		

### PAYMENT DETAILS

Mode of payment	Cash	Cash Deposit in Bank Account
<p>In case if you are depositing cash in the bank, please note the bank details.  <b>Account Holder Name: Dr.Vinoth kumar jain</b>  <b>Account Number: 54056371515 :</b>                      <b>IFSC Code: SBMY0040014</b>  <b>Branch &amp; City: Basavangudi branch , Bangalore</b></p>		

### For further Details Contact;

<p><b>Dr. Vinod Kumar Jain, HOD SPORT Nova</b>          Nova Specialty Surgery, Opus, 143, 1<sup>st</sup> Cross, 5<sup>th</sup> Block, Koramangala, Bangalore-34  <b>drvinothjain@gmail.com; raajei@yahoo.com</b>  <b>Contact No:</b>          Dr. Vinod Kumar Jain – 9886484494,          Dr. RajKannan.P - 9845903906</p>	<p><b>Note :</b></p> <ul style="list-style-type: none"> <li>• .Last date for registration 02/05/2013.</li> <li>• Please do confirm for availabilities of seats before payment</li> <li>• Registration is conform once payment is done</li> </ul>
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