

AYURMANTHAN-2014
REGISTRATION FORM
National conference on Ayurveda
8th - 9th May 2014

Name: Prof/Dr/Mr. /Ms.:
Qualification:.....
Designation:.....
Institute/Organization:.....
Department:.....
Corresponding Address:.....
.....
.....
Pin code:..... M:.....
Email:..... Date:.....

REGISTRATION CATEGORY(Please Specify)

- Student/Research Scholar
- Faculty Member
- Professionals
- Others

REGISTRATION FEE DETAILS:

DD/Cheque No:..... Date.....
Amount..... Bank..... Branch.....

**DD should be in favor of Principal, Desh Bhagat Ayurvedic College and Hospital, Vill. Sounti,
Amloh,Punjab**

E- Payment details:-

Account holder name: **Principal, Desh Bhagat Ayurvedic College and Hospital**
Bank: **State Bank of Patiala** Branch: **Amloh**
A/c no.: **65105408521** IFSC Code:**STBP0000018**

Forwarded by HOD/Principal

Signature of Participant

Registration form can be downloaded from www.dbach.in and by requesting through email ayurmanthan@gmail.com .Completed form along with DD can be posted to Desh Bhagat University, Principal P G School of Ayurveda and Research Mandigobindgarh, Punjab.147203

Note: Photocopy of registration form is also acceptable. Participants can transfer amount directly to above account no.

IMPORTANT DATES

Date of Seminar: 8th -9th May 2014
Last date of receiving abstract: 25th April 2014
Last date for Registration before: 30th April 2014