



**1<sup>st</sup> INDO-FRENCH INTERNATIONAL FORENSIC CONGRESS**  
**23<sup>rd</sup> -24<sup>th</sup> November, 2017**

**Organised by**  
**DEPARTMENT OF FORENSIC MEDICINE, KMC, MANGALURU.**

**Registration Form**

Name-.....Gender: M  /F  Age:.....

(PLEASE FILL IN CAPITAL LETTERS TO APPEAR IN THE CERTIFICATE)

Hospital/Institution .....

\*Designation:.....

Postal Address: .....

City:.....Pin code.....State.....

Country:.....\*Email:.....

\*Mobile:.....Alternate No:.....

\*State Medical Council Reg.Number: .....

**The details for NEFT Transfer:**

Bank : ICICI bank Ltd.

Address: PM Rao Road, Hampankatta,  
Mangalore-575001.

Beneficiary Name: Kasturba Medical College,  
Mangalore.

Account No: 001401010468

IFSC code: ICIC0000014

Scanned copies of the Registration form  
with NEFT details to be

E-mailed to :

Indofrenchforensiccongress2017@gmail.com

OR

forensic.kmcmr@manipal.edu