** REGISTRATION FORM**

**CONFERENCE CUM WORKSHOP ON CLINICOPATHOLOGICAL**

**UTILITY OF MULTICOLOUR FLOWCYTOMETRY IN LEUKEMIA/LYMPHOMA**

**ON MARCH 2ND 2024**

**ORGANISED BY**

**DEPARTMENT OF PATHOLOGY**

**MAHAVIR CANCER SANSTHAN AND RESEARCH CENTRE, PATNA**

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| |  | | --- | | **BANK DETAILS** | | **Bank Name and Address: Central Bank Of India, Chitkohra Branch, Patna, Bihar** | | **Account Name : Mahavir Cancer Institute And Research Centre** | | **Account No: 1271474882** | | **IFSC Code: CBIN0282779** | |

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| **S. No. (For Office Use Only)** | | |  |
| **Name (In Capital)** | | |  |
| **Organisation/Institute/Affiliation** | | |  |
| **Mobile Number** | | |  |
| **E mail Id** | | |  |
| CATEGORY | CLINICIAN,SCIENTISTS,  SENIOR RESIDENTS | RESEARCH SCHOLAR, M.SC /B.SC STUDENTS, LAB TECHNICIANS |  |
| Conference Only | 800 | 500 |
| Conference  +  Workshop | 1200 | 900 |
| **Registration Fee Amount** | | |  |
| **Date of Fee Deposition** | | |  |
| **Mode of Fee Deposition**  **(Cash/Online)** | | |  |
| **UTR Detail** | | |  |
| **Poster Presentation (YES/NO)** | | |  |
| **Signature & Date** | | |  |
| **Name and Signature of Receiver**  **(from MCSRC)** | | |  |

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| **INFORMATION RELATED TO POSTER PRESENTATION** |

Participants are invited for **Poster Presentation**. **Dimensions** for the posters are **2x3 feet**   
**(Width 2 and Height 3 )** relevant to Conference theme. Last date for E-Abstract submission for poster presentation is **21stfebruary 2024** Only word file will be accepted. E-mail for abstract submission mcspatho1[@gmail.com](mailto:saritadipti@gmail.com). For any enquiry please contact :- 7903447916,7991161230