

Thrissur Medical College Alumni Association
CME Revision Programme- 2018
REGISTRATION FORM

1. Name (In block Letters) :
2. Age :
3. Present Address :
4. Permanent Address :
5. Medical College from which you graduated & year :
6. Telephone No. :
 - a) Residence :
 - b) Mobile :
7. E mail ID (In Block letters) :
8. Have you participated in previous TMCAA programs? If yes, give details. :
9. DD No: Bank:



I undertake to pay any additional amount in case the TMCAA modifies the Registration fees for the CME. **I understand that the amount paid is not refundable and not Exchangeable.** In the event of discontinuation of the CME programme by the organisers, the liability of TMCAA is limited to refund of CME Registration Fee, less the actual expenditure incurred to the TMCAA

Signature of the applicant

(For Office Use Only)

Name:	
Receipt No:	Amount :
Registration No:	Life / Associate Member
Date :	Authorised Signatory

Please paste
one
PHOTO

