STEMCELL XPRESS 2019

23RD & 24TH 2019 NOVEMBER
NEW DELHI, INDIA

REGISTRATION FORM

Personal Details (Please fill in capital letters only)

Salutation : Prof. ☐ Dr. ☐

First Name : _____

Middle Name : _____ Last Name : _____

Badge Name : _____

Male : ☐ Female : ☐ Age (in years) : ☐

Address For Communication

Institute/Hospital : _____

_____

City : _____ State : _____ Pincode : _____

Phone No. (with STD Code) : _____

Mobile : _____

Email : _____

Registration For : ☐ Only Conference ☐ Only Workshop ☐ Both
☐ Accompanying Person ☐ AAF Membership

Payment Mode : ☐ Cash ☐ NEFT ☐ Card Swipe
☐ Cheque

If Cheque

Bank Name : _____ Cheque No : _____ IFSC : _____

ACCOUNT DETAILS

A/C Name : STEMMAX RESEARCH AND THERAPEUTICS PVT LTD
A/C No : 201001406390
IFSC : INDB0000319
Bank Name : INDUSIND BANK LIMITED

PAN : AAYCS1087L
Address : GROUND FLOOR, 2W/3,
WEST PATEL NAGAR, OPP. METRO PILLAR No. 195,
NEW DELHI-110008

Date : _____ Place : _____

Signature of Applicant