



MANIPAL COLLEGE OF NURSING
MANIPAL
(A constituent unit of MAHE, Manipal)

WORKSHOP ON RESEARCH METHODOLOGY AND STATISTICS

28th to 30th March 2019

Organized by: Research Committee, MCON, MAHE

REGISTRATION FORM

Name (in BLOCK letters)

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Gender: Male Female

Designation: _____ Institution: _____

Employee ID/ Student ID (Only for MAHE Employee/Student): _____

Present Address (for Communication): _____

City : _____ State : _____

Phone / Mobile No: _____

Email ID: _____ Accommodation required: Yes (available on payment basis)/ No

Registration fees to be paid by Demand Draft, in favor of “Manipal University Conference/Workshop” payable at Manipal/Udupi.

If registered online, kindly attach the copy of fee transfer statement.

Mode of Payment: DD Online

DD No: _____ Date: _____ Bank & Branch: _____ Amount: _____

If online, NEFT number: _____ Date: _____ Bank & Branch _____

BANK DETAILS

Beneficiary Name & Address	Manipal University Conference/Workshop Finance Department, Manipal University, Manipal 576104
Bank Account Number	33508958510
Name of the Bank	State Bank of India
Branch Name & Address	Manipal Branch, Madhuvan Serai, Ground Floor, Near Smrithi Bhavan, Tiger Circle Manipal – 576104, Udupi Dist.
Account Type	SB
IFSC Code	SBIN0004426
MICR Code	576002006
SWIFT Code	SBININBB770

Filled Registration form to be sent/mailed to Dr. Binil V, Assistant Professor, Department of Mental Health Nursing, Manipal College of Nursing, MAHE, Manipal, Udupi, Karnataka-576104

Contact number: 9844387432, 8095976561 Office: 0820 –2922443 E mail id: yp.binil@manipal.edu / shyli.mel@manipal.edu