

**REGISTRATION FORM**

**National Conference 2015**

**CANCER NURSING : PROMOTING EXCELLENCE IN CANCER CARE**

**Bharati Vidyapeeth Deemed University,**

**College of Nursing, Sangli. (Maharashtra) .Pin 416414**

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**Ph. 0233-2601691. 0233-646421**

Full Name (Block Letter) :Mr./Mrs./ Ms./ Sr./ .....:

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Designation:.....

Ph. : ..... E-mail : .....

Institutional / Organizational address: .....

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Ph.: ..... E-mail : .....

Date, time of arrival and mode of travel: .....

Date, time of departure and mode of travel: .....

Do you need accommodation: Yes / No.

(Contact) : Mr.Anand Jahagirdar. Mbl. 07798383726 . e-mail : [jahagiranand@gmail.com](mailto:jahagiranand@gmail.com)

Mode of payment: By / D.D./ Cash. (Only registration)

**(For DD payment: Withdraw in favor of “Principal, BVDU, College of Nursing, Sangli’ payable at Sangli.)**

Contact for registration:

Mr.Sunil Kulkarni. Mbl. 09595277434. E-mail. [sunilmalharkulkarni@gmail.com](mailto:sunilmalharkulkarni@gmail.com)

Note:

- Registration is not transferable or not able to cancel. (NO REFUND OF ANY MONEY).
- Use one form for more than one delegate and attach their names and details.
- Please see the appeal for Individual / College advertisement

Sign of delegate: .....