

Registration Form for Poster /Oral Presentation

Name :

Designation :

Institution:

Type of Presentation : Oral / Poster

Academy of Pathology Membership No : Founder member :-

Life Member No:-

Temporary Member No:-

(Note: Posters from non members will not be accepted. Application for Membership (Temporary membership till 2015 or Life membership) of the “ Academy of Pathology” may be sent along with the abstract of paper)

Title of paper :

Authors : 1.

2.

3.

Kindly use et al if more than 3 authors.

Has this material been published : No / Yes

Contact details of first author : Postal address

Mobile

Email id

Signature

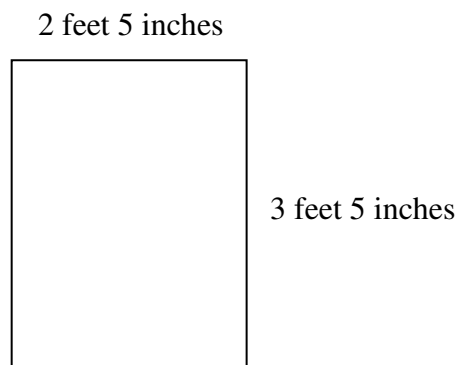
Date :

Instruction for Poster presentation:

1. Hard copy of Abstract in the following format (Max words : 250) to be sent latest by 10th January 2014 along with CME registration form & Poster registration form. Soft copy of the same to be sent to pathologyacademy@gmail.com

1. Introduction
2. Aims & Objectives
3. Material & Methods
4. Results
5. Summary/ Conclusion

2. Size of the poster :



Note: Presenter to bring the required stationary for display of his / poster

Instruction for Oral presentation:

Hard copy of Abstract in the following format (Max words : 250) to be sent latest by 10th January 2014 along with CME registration form & Poster registration form.
Soft copy of the same to be sent to pathologyacademy@gmail.com

6. Introduction
7. Aims & Objectives
8. Material & Methods
9. Results
10. Summary/ Conclusion

Time limit for oral presentation : 7 minutes
Questions : 2 minutes

Topics for presentation both oral as well as poster : 1. Surgical Pathology- any system
2. Haematology

The Academy of Pathology

Membership Form

1. Name: Dr. Sex: M/ F D.O.B:
2. Designation: Qualification: Post MD/ DNB / DCP experience:
3. Institution / Diagnostic Centre with address:

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.....Pin code:.....

4. Address for correspondence:

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.....
.....
.....Pin code:.....

5. Other details : Phone Nos. Res: Mobile*: Office:
Email*:

* To be filled compulsory

6. Membership Payment Details (Temporary membership till 2015 Rs 500/- & Life membership Rs 2000/-):
(Cheque/ draft in favor of “ The Academy of Pathology Training” payable at Bangalore)

Cash / Cheque / Draft : Bank.....Cheque No..... Dated

7. Undertaking: I Dr. an applicant to membership of “The Academy of Pathology Training” hereby attest that the information provided are true and to the best of my knowledge. On acceptance of my membership. I shall abide by the rules of the academy and shall strive to uphold the integrity and objectives of the academy. I also agree to pay the membership fees on a regular basis.

Date:

Signature

For Postgraduates Only:-

I Dr certify that Dr.....
is a MD / DNB / DCP postgraduate student in our college.....

Date:

Signature & Seal of HOD

Kindly send the completed membership form to: Dr. Shameem Shariff,
Secretary- The Academy of Pathology
No 7, III road, Nandidurg Extension
Bangalore – 560046
Email : pathologyacademy@gmail.com,
mob : +91 9900167265

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