

REGISTRATION FORM
VENUE: AUDITORIUM,
SRI NARAYANI COLLEGE OF NURSING
SRIPURAM, VELLORE-55

Name

Designation

RN..... RM

INSTITUTION

ADDRESS

.....

.....

Telephone office.....

Mobile No

Email ID.....

D.D. No..... Date

Payable to Bank Name.....

Amount in words.....

Date:

Signature of Delegate

❖ Please bring your CNE pass book for credit hours.

Registration fee Rs. 500/- (Include Lunch)

DD to be drawn in favour of

"Sri Narayani College of Nursing"

, payable at Sripuram, Vellore - 55