

UAKON 2018 THRISSUR

32nd Annual Conference of Urological Association of Kerala

Registration Form:

Name: _____

Age: _____

Sex: _____

Designation: _____

Address: _____

Phone No.: _____ e-mail id: _____

UAK Membership number: _____

Accompanying Persons:

1. _____

2. _____

3. _____

Transaction Number/id: _____

Bank details:

Payment will be accepted only as Demand Draft/Online transfer favouring
URO NEPHRO CLUB THRISSUR

Bank Name: The South Indian Bank Limited, Viyyur, Patturiakal, Thrissur-680 001,
Kerala

Account No: 0161073000000831 IFSC : SIBL0000161

No cheques will be accepted

Correspondence Address

Dr. Venu Chandran (Organising Secretary)

Sasthapranam, Yasoram Gardens, Christopher Nagar, Ollur, Thrissur 680306

Ph: 9447028792 Email: uakon2018@gmail.com