

## **REGISTRATION FORM**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Institution: \_\_\_\_\_

Designation: Circle one

1. Faculty
2. Resident
3. Student
4. Nurse
5. Paramedic Indian Delegate
6. Physician/ Surgeon
7. Nominated Councilor
8. SAARC Country Delegate
9. Foreign Delegate

Name: \_\_\_\_\_

Postal Mailing Contact: (Mandatory)

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I have Read the Rules and will abide by them.

I have attached a DD/Check for Rs \_\_\_\_\_

In favor of INDUS-EM 2006.

Signature: \_\_\_\_\_

COUNCILOR NOMINATION FORM

Name of Nominated Faculty: \_\_\_\_\_

Faculty Position: \_\_\_\_\_

Medical College: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone at Home: \_\_\_\_\_

Email: (mandatory) \_\_\_\_\_

I have read the objectives and expectations of the Position of Nominated Councilor on the INDUS-EM Academic Council of 2006-2007. I agree with the requirements. I have attached the needed documents.

Check List: (Circle the Needed) (All need to be circled)

- 1. Completed Registration Form
- 2. Completed Nomination Form
- 3. Dean's Support Letter
- 4. Curriculum Vitae
- 5. Registration Fees
- 6. Superintendent's support letter
- 7. Passport size Picture

Signature: \_\_\_\_\_