



# REGISTRATION FORM

## MILAN - 2015

### FACULTY OF DENTAL SCIENCES



Name \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

DOB \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email ID \_\_\_\_\_

#### Accompanying Person

Name \_\_\_\_\_

Age \_\_\_\_\_ M/F \_\_\_\_\_

Accommodation Required \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like to give any cultural performances in the Alumni meet

(if yes, then specify) \_\_\_\_\_

Kids (Age) if any \_\_\_\_\_

4.5x3.5cm

#### Registration Fee

	Till 14th August 2015	15th August Onwards	Spot Registration	Facilities
ALUMNI	2000/-	2500/-	3000/-	Breakfast/Lunch/Banquet/Gift
NON-ALUMNI / SPOUSE	1000/-	1000/-	1500/-	Breakfast/Lunch/Banquet

\*No gift & memento on spot registration

Please attach your latest family photograph and few old college day photograph (attach it mail id [milanrdc@rediffmail.com](mailto:milanrdc@rediffmail.com)) to make your "Milan 2015" more memorable and successful.

Attach deposit original bank pay slip with application form payable to Rama Dental College Hospital & Research Centre, Kanpur in **A/C No. 87142010013367, IFSC Code: synb0008714**, Syndicate Bank, Kanpur  
OR

Attach Payable Cheque or NEFT in favor of "**Student Alumni Welfare Committee**" payable at Rama Dental College, Kanpur

Registration form can be scanned & emailed at [milanrdc@rediffmail.com](mailto:milanrdc@rediffmail.com) or can be posted to Dr. Gauri Mishra - Milan 2015, Rama Dental College, A-1/8, Lakhanpur, Kanpur (U.P) 208024

#### FOR CONTACT DETAILS

Dr. Ankita Raj - 9415465531 (Registration)

Dr. Shailendra Chauhan - 9889213344 (Transport)

Dr. Amit Pandey - 9336158038 (Accommodation)

Dr. Kriti Garg - 9936434177 (Invitation)