7th International Nursing Conference

"Family Nursing: A futuristic approach to health care" October 27th & 28th, 2017

REGISTRATION FORM

(Please fill in Capital Letters)

Category	:□	Faculty	[Student		
Name of the Participant	: Dr./	Mr./Ms					
Gender	:□	Male	Female [
Designation	:						
Institution/Organization	:						
Address	:						
Mobile No.	:						
Email Id	:						
Paper Presentation	: Yes/	' No	Poster Prese	ntat	ion : Yes/ No		
Title of abstract	:						
Date & time of arrival							
Amount paid as registratio	n fees:						
Mode of Payment	:□	Cash	\square D	D	□ Online		
DD Details:	In fav	our of Aka	l College of Nu	rsing	g; Payable at SBI, Baru Sahib		
	(H.P.) (Branch Code- 11784)						
	: Amount DD/ Ref. No						
	: Date	ed	Pla	ace_			
Name of the bank	:						
Online transaction referen	ce No:						
Accommodation required	: □	YI	ES		NO		
Transportation required	: □	YF	ES		NO		

Signature of Applicant

REGISTRATION FEE (in Rs)

Type	Date	Professionals	Students	ACN alum
Early Bird	<u>5-10-2017</u>	2000/-	1000/-	
<u>Late</u>	20-10-2017	<u>2500/-</u>	1200/-	<u>500/-</u>
On	Spot	3000/-	<u>1500/-</u>	

- Registration fee include food, accomodation and transportation from Solan at scheduled time
- Outstation participants will be provided accommodation on twin sharing basis from 27thOct to 28th
 October, 2017
- The delegates are requested to bring original bank deposit slip/online deposited fee slip.

MODE OF PAYMENT

• For Demand Draft: Akal College of Nursing, payable at SBI Baru Sahib(H.P.), Branch Code: 11784

Online payment details

Bank	State Bank of India
Beneficiary	Eternal University
Account Number	30957030400
IFSC code	SBIN0011784
Branch	Baru Sahib

IMPORTANT DATES

- ✓ 05/10/2016 for mailing and submitting abstract/full paper
- ✓ 20/10/2016 for submission of registration form

For more information contact us at:

Dr. Lekha Viswanath Organizing Secretary

7th International Nursing Conference 2017 on FAMILY NURSING

&

Professor cum Vice-Principal,

Akal College of Nursing,

Eternal University, Baru Sahib,

Dist.Sirmour, Himachal Pradesh.

Pin: 173001

Email: akalcon3@gmail.com

Phone:91-9447239312, 8628030391 (Dr.Lekha Viswanath)