



# Registration Form

1<sup>st</sup> National Biomedical Engineering Training Program  
July 8- 14, 2013

Name \_\_\_\_\_ Institution \_\_\_\_\_

Designation \_\_\_\_\_

Address of Correspondence \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

Pin Code \_\_\_\_\_ Email \_\_\_\_\_

Tel No. and STD No. \_\_\_\_\_ Mobile \_\_\_\_\_

Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_

For Rs \_\_\_\_\_ Draw on Bank \_\_\_\_\_

\_\_\_\_\_ Bank

*Demand draft to be drawn in the favor of TriMedx India Pvt Ltd, payable at Bangalore.*

*Please send your completed registration form to:*

TriMedx India Pvt Ltd  
(Narayana Hrudayalaya Health City)  
NO.258/A, Bommasandra Industrial Area  
Anekal Taluk, Bangalore  
Karnataka - 560099