

**REGISTRATION FORM**  
(Photocopies of this form can be used)

**WORK SHOP**  
**‘HEALTHCARE ANALYTICS’**

**Sunday 7<sup>th</sup> July 2019**  
**Venue: GHSIMR, Kanpur**

Name	
Age (Years)	
Designation	
Organization	
Address	
City	
Country	
Fax	
Phone (Office)	
Phone (Residence)	
Mobile	
Email	
Mode of Payment	
Draft/Cheque No.	
Name of sponsoring authority	
Phone No. of sponsoring Authority	
Research Topic/ area (if any)	
Reference /Source	(Details through which you have got to know about the program)

Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_

**Note: The fee is to be paid in advance either in cash or by cheque or demand draft in favor of “Dr. Gaur Hari Singhania Institute of Management & Research” payable at Kanpur. The fee can also be transferred through RTGS/NEFT. The details are mentioned below:**

**Name of the Bank : Punjab National Bank**  
**Bank Address : Gumti No.5, Kanpur**  
**IFSC Code : PUNB0026900**  
**Account No. 0255009300676988**

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