



DR. JEYASEKHARAN HOSPITAL AND NURSING HOME

JMT-TACT Academy for Clinical Training

-A Satellite Centre to TACT Chennai.

REGISTRATION FORM

Name _____

Designation _____

Name of the Organization _____

Address for communication _____

Mobile No. _____

E mail ID _____

Name of the Course _____

Date of course _____

Payment Details

Registration Amount paid _____

Fee Deposited Details _____

Date _____ Transaction number _____

DD/Cheque No _____ Dated _____

Signature _____

Mode of Payment

Payment may be made by Cash/At-par Cheque/ Demand Draft in favour of “**JMT-TACT ACADEMY FOR CLINICAL TRAINING**” Payable at Nagercoil. Payment to be received by JMT-TACT Academy 1 month prior to the course to confirm registration and send the course material.

Bank Details

Bank Name	STATE BANK OF INDIA
Account Name	Jmt-Tact Academy For Clinical Training
Account No	33642671894
Type of Account	SAVING BANK
IFSC Code	SBI N0000880
Branch Name	Nagercoil

Note: Please Contact 7373033909 or 04652-230020 Extn to Department of Clinical Education Office for confirming vacancies prior to sending the filled registration form along with the payment, else alternative dates can be sent as per calendar.