



Full Name:.....

Age:.....City:.....

Address:.....

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Designation:.....

Name of Institution/Hospital:.....

Mobile No.:.....

Email ID:.....

For Online Registration Visit - www.imakarnataka.in

Bank Details

Bank Name : Corporation Bank, Gadag
Ifsc Code : CORP0000062
Account Name : IMA Gadag WDW 2020
Ac. No : 520101266330911

Registration Details

RC Member : Rs. 5000 (can Avail 2 Coupons)
Regular Registration : Rs. 1200 Per Person
Medical Students : Rs. 600 Per Person
Spot Registration : Rs. 1500 Per Person

Correspondence Address:

Dr. Sunitha .S. Kuradagi
Organising Secretary / Karnataka State IMA WDW Chairman
Aashraya Hospital, Tagore Road, First Cross, Gadag.
Ph: 9538979966
Email : imawc2020@gmail.com