**CHAI 75th ANNUAL GENERAL BODY MEETING &NATIONAL HEALTH CONVENTION**

AT CHAI TRAINING CENTRE, KANDALKOYA, HYDERABAD, TELANGANA

**28th & 29th SEPTEMBER 2018**

# REGISTRATION FORM

To,

**The Catholic Health Association of India**

157/6 | Staff Road | Gunrock Enclave | Secunderabad | Telangana | India 500 009

For Queries: [nhc@chai-india.org](mailto:nhc@chai-india.org)

Or Call Ms.Theophine - 07893 966 203 or Office Landline: 040-27848457, 27848293

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| **No** | **Delegate Name** | **Title/Designation** | **Congregation Name (if applicable)** | **Age** | **Sex** | **Arrival** | **Arrival** | **Departure** | **Departure** |
| **DATE** | **TIME** | **DATE** | **TIME** |
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**INSTITUTION DETAILS**

Name: ……………………………………………………..

Place ……...………………………………………………

District ….…………………………………………………

State…………………………………………………………

Pin code: ………………………………………………….

Mobile No. ………………………………………..………

E-mail: ……………………………………………..……...

CHAI Membership No: ……………………………..

**REGISTRATION FEE**

Registration Fee: **Rs.2000 /- per person** (non-refundable) – for non-A/C, sharing rooms, including food, boarding and lodging.

Last date for Registration: **30th August, 2018**

**PAYMENT**

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| **DD / MO / Cheque**  Demand Draft / MO / Cheque No...................dated......................  Drawn in favour of: **The Catholic Health Association of India** | **Bank Transfer:**  Name: The Catholic Health Association of India  Account No: 0413053000000002  Bank: South Indian Bank  Branch: Diamond Point  Place: Secunderabad  IFSC Code: SIBL0000413  **UTR No........................................................................... Dated …….……...** |

Date: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_