**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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Delegate Name** | **Title/Designation** | **Congregation Name (if applicable)** | **Age** | **Sex** | **Arrival**  | **Arrival**  | **Departure** | **Departure** |
| **DATE** | **TIME** | **DATE** | **TIME**  |
| 1 |   |   |   |   |   |   |   |   |   |
|
|
| 2 |   |   |   |   |   |   |   |   |   |
|
|

**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**

|  |  |
| --- | --- |
| [ ]  **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: 0413053000000002Bank: South Indian BankBranch: Diamond Point Place: SecunderabadIFSC Code: SIBL0000413 **UTR No........................................................................... Dated …….……...**  |

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