

# National Seminar on Prevention and Control of NCDs

Organized by

Department of Tahaffuzi wa Samaji Tib, National Institute of Unani Medicine

(Ministry of AYUSH, Govt. of India), Bengaluru, India

## REGISTRATION FORM

Name (In Caps) \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Designation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Email \_\_\_\_\_ Telephone/Mobile \_\_\_\_\_

Title of the Abstract \_\_\_\_\_

\_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Signature of Forwarding Authority with Seal

*Please send completed registration form to:*

**Dr. Zarnigar**

Organizing Secretary

Department of Tahaffuzi wa Samaji Tib

National Institute of Unani Medicine

Kottigepalya, Magadi Main Road, Bengaluru, 91

Email nsum.ncd@gmail.com

Mobile. No. 7022669959, Office Contact No. 080-23584260

**FOR OFFICE USE ONLY**

Receipt No. ....

Reg.No.....