



Essentials of Perinatal Pathology in Clinical Practice



21st February 2026, Saturday



09.00am - 05.00pm

📍 Mediscan Systems, Dr Hemant Shah library, 197, Dr Natesan Rd, Kailasapuram, Mylapore, Chennai - 600 004.

DELEGATE REGISTRATION FORM

- Please fill in all the details. Kindly type or write legibly in bold letters.
- The completed form and Demand Draft may be posted in the enclosed self addressed envelope.

DELEGATE'S FULL NAME: _____ GENDER: Male Female

MEDICAL COUNCIL REGISTRATION NO. (Mention State): _____

ADDRESS:

CITY: _____ ZIP/PINCODE: _____

STATE: _____ COUNTRY: _____

PHONE (RES): _____ (CLINIC): _____

E-MAIL: _____ MOBILE: _____

SPECIALITY: _____

Please note:

- Mode of payment - Cash / Demand Draft.
- Demand Draft should be drawn in favour of "Dr.Suresh Mediscan Systems Private Limited" payable at Chennai.
- Registration limited to 100 Delegates only.
- Cancellations should be intimated in writing on or before 10th February 2026.
- Cancellations made after February 10th, 2026 will not be entertained.
- 60% of registration fee would be refunded only after one month of the event.
- Rates mentioned above are inclusive of GST.

Total payment enclosed

Registration Fee

Delegates : INR 3000
 PG Student : INR 2000
 (PG Students to produce
 a. ID card copy
 b. Bonafide Certificate
 from their institutions.)



On completion of the fund transfer, kindly furnish your transaction details such as:
 Delegate Name :
 Bank :
 Transaction Date :
 UTR No.
 Amount :
 to training@mediscan.org.in to generate receipt.

DD.No. : _____ Date : _____

Signature of the Delegate : _____ Date : _____

For office use only

DD recd. on Amount

DD No. & Date R.No. & Date

Issuing Bank Remarks

Contact Us

Secretariat, Dr.Suresh Mediscan Systems Private Limited

Subhiksha, No.252, Royapettah High Road, Mylapore, Chennai - 600 004.

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