

## **FORENSIC MEDICON - 2010**

## XXXI ANNUAL NATIONAL CONFERENCE OF INDIAN ACADEMY OF FORENSIC MEDICINE

6th,7th & 8th February 2010 Organized by:

Medicolegal Institute Home (Police) Department & Department of Forensic Medicine & Toxicology Gandhi Medical College, Bhopal - 462 001 (M.P.)

## ACCOMMODATION FORM

1.	Name:Mr./Mrs/Dr./Prof.			
	Age:yrs. Designation			
2.	Institution			
3.	Address for correspondence			•••••
	· /			
	Р	in code:		
4.	Contact Details(a) Residence	(b) O	ffice	
	(c) Cell (d) E-mail			
5.	Co-delegates Name:		•••••	
6.	Number of accompanying children cha	rgeable	if above 12 ye	ars of age
(i)	Name		Age:	yrs M/F
(ii)	Name		Age:	yrs M/F
7.	Accomodation details			
	(a) No. & type of rooms (AC/Non AC)		Rs	
	(b) Hotel Tariff (Approx)		Rs	
	(c) Number of days		Rs	
	To	tal	Rs	
8.	D.D.No		. Dated	
	Rs(in words)			
	Name of Bank			
	(D.D. to be drawn on any Nationalized Bank in favour of			
	"FORENSIC MEDICON 2010" Payable at Bhopal			
9.	Date & time of arrival	Tra	in/flight No	

Signature of Delegate