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**BOE WORKSHOP ON UPPER TRACT  
RECONSTRUCTIVE UROLOGY  
14<sup>TH</sup>-15<sup>TH</sup> SEPTEMBER 2019  
NARAYANA MEDICAL COLLEGE AND HOSPITAL,  
NELLORE, A.P.**

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**REGISTRATION FORM**

DELEGATE DETAILS (Please fill in capital letters)

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Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_  
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Please email the duly filled forms to:

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Contact details:

Dr.P.Vedamurthy Reddy- 9440162736

Dr.P.Banu Teja Reddy- 9912205577

Dr.Pavan AP- 9844624040

ACCOUNT NAME	THE UROLOGICAL SOCIETY OF INDIA
ACCOUNT NO.	30744533676
BANK	STATE BANK OF INDIA
BRANCH	S.N.M.C AGRA
ADDRESS	AGRA, UTTAR PRADESH, PIN- 282002
IFSC CODE	SBIN0007892
MICR CODE	282002014