

From,

Date: ___ / ___ / _____

Name: _____

Address: _____

Town: _____

District: _____

State: _____

PIN Code: _____

To,

M/s. Thirumoolar Varmalogy Institute,

No. 22, Saravana Nagar,

Behind RGP Kalyana Mandapam,

Kavundampalayam Post,

Coimbatore – 641030.

Tamil Nadu, India.

Dear Sir,

Sub: Registration for Medical Varmalogy Workshop – Bank deposit details – reg.

Herewith, we wish to inform that we like to attend the Medical Varmalogy Workshop and the deposit details are as follows:

Workshop to be conducted at: _____

Workshop Dates: _____

Amount Deposited: Rs. _____ Deposited on (Date): ___ / ___ / _____

Deposited at ICICI Branch: _____

Mode of payment: Cash / Cheque / Demand Draft / Online

No.	Participant Name	Place	Mobile
1.			
2.			
3.			
4.			
5.			

Kind Regards,

(Signature)

Attachment: Photocopy of the bank challan.

Bank Details:

Name: Thirumoolar Varmalogy Institute

Bank: ICICI Bank IFSC Code: ICIC0000016

Branch: Coimbatore – Trichy Road Account No: 0016-05-012367