



**FIRST WEST ZONAL MEET OF**  
**“Indian Association of Veterinary Pathologists”**  
**&**  
**NATIONAL SEMINAR ON TOXICOPATHOLOGY**  
**(23<sup>rd</sup> April 2011)**



**JAI RESEARCH  
FOUNDATION**

**Registration Form**

Date : \_\_\_\_\_  
Name in Block Letters : \_\_\_\_\_  
Designation/ Job Title : \_\_\_\_\_  
Institute/ Organization : \_\_\_\_\_  
Correspondence Address : \_\_\_\_\_  
Ph. (R) \_\_\_\_\_ (O) \_\_\_\_\_  
(M) \_\_\_\_\_ (Fax) \_\_\_\_\_  
Email : \_\_\_\_\_  
Age : \_\_\_\_\_ (Sex) \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Status of Delegate : Member/ Non Member \_\_\_\_\_  
Life Membership No. \_\_\_\_\_  
Accompanying Person (s) : Name : \_\_\_\_\_  
Age : \_\_\_\_\_ (Sex) \_\_\_\_\_  
Title of Abstract : \_\_\_\_\_  
Accommodation required : Hostel/ Hotel\*  
Demand draft\*\* No. & date : \_\_\_\_\_ Bank & Branch \_\_\_\_\_  
Amount : \_\_\_\_\_  
Signature : \_\_\_\_\_

\*Delegates are requested to inform well in advance through E-mail.

\*\*All payments will be received by demand draft drawn in favour of Treasurer, IAVP, Payable Izatnagar, Bareilly.

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