

**Thrissur Medical College Alumni Association**  
**CME Programme for Junior Doctors-2019**  
**REGISTRATION FORM**

Please paste  
PHOTO

1.Name (In block Letters) :

2.Age:

3.Present Address:

4.Permanent Address:



5.Medical College from which you

Graduated & year:

6.Telephone No:

a) Residence:

b) Mobile:

c) Whatsapp No:

d) Telegram No:

e) Face book ID:

7. E mail ID (In Block letters) :

8. Have you participated in previous:  
TMCAA programs? If yes, give details.

9. DD No: Bank:

I undertake to pay any additional amount in case the TMCAA modifies the Registration fees for the CME. **I understand that the amount paid is not refundable and not Exchangeable.** In the event of discontinuation of the CME programmed by the organizers, the liability of TMCAA is limited to refund of CME Registration Fee, less the actual expenditure incurred to the TMCAA

Signature of the applicant

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(For **Office Use Only**)



Name:

Receipt No:

Amount:

Registration No:

Life / Associate Member

Date:

Authorized Signatory