

From, Date: ____ / ____ / ____
Name: _____
Address: _____ Mobile: _____
Town: _____ District: _____
State: _____ PIN Code: _____

To,
M/s. Thirumoolar Varmalogy Institute, **Email:** ThirumoolarVarmalogy@gmail.com
No.10-I, Balan Nagar, **Web:** www.varmam.org
Behind RGP Marriage Hall, **Mobile:**
Kavundampalayam Post, +91-94422-39293
Coimbatore – 641030. +91-94422-49293
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	Sex	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

*** Registration form can be either send through post or scanned copy can be sent through email.**
*** Original bank challan or printout of online transfer has to be shown on the first day of the workshop during registration process.**