

**Loyola College (Autonomous)**

**Chennai – 600 034.**

**REGISTRATION FORM**

**DISEASES OF CIVILIZATION - TODAY AND TOMORROW**

**23<sup>rd</sup> February 2017**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Name of the Institution : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

Mobile : \_\_\_\_\_

Details of Payment : \_\_\_\_\_ DD.No: \_\_\_\_\_

Bank:.....Date:.....

E-mail : \_\_\_\_\_

Signature : \_\_\_\_\_