



# Registration Form for III Autopsy Quiz Forensic

12<sup>th</sup> August 2017



## Information of Participating Teams:

Name of the Medical College/Institute:

City:

State:

Number of teams:  1  2

Particulars of the Participants				
	Team 1		Team 2	
Name				
Sex				
Admission Year in MBBS				
Email id				
Mobile no				
Arrival (Date & Time)				
Departure (Date & Time)				
Accommodation at AIIMS Bhopal (please encircle)	R NR	R NR	R NR	R NR

R-Required

NR-Not Required

Forwarded by (Dean/HoD FMT)

Signature \_\_\_\_\_

Seal \_\_\_\_\_

### Important Instructions:

Please bring the following documents at the time of the event on 12 August 2017.

- Original ID Proof of each Participant along with its Photocopy.
- One Colored Passport size Photograph of each Participant
- Permission from Dean/HoD FMT of the respective College /Institute
- The Participation form along with permission letter to be scanned and sent at the contact email provided.
- Please send a scanned copy of the above form duly filled by the Concerned Authority to [infoautopsyquiz@gmail.com](mailto:infoautopsyquiz@gmail.com)

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Approved by Organizing Secretary/Joint Organizing Secretary  
(AIIMS Bhopal)