



# **BLUEPRINTS IN RHEUMATOLOGY** **AUTOANTIBODIES - AMAZING ALLEGORIES**

**Date:** 3<sup>rd</sup> November 2019,

**Venue:** 2<sup>nd</sup> Floor, Mini Auditorium, SJMCH

**Time:** 9:00am to 5:00pm

## **REGISTRATION FORM**

**Name:** \_\_\_\_\_  
(To be written as you would want it printed on the certificate)

**Mobile No:** \_\_\_\_\_ **Email ID:** \_\_\_\_\_

**Official Mailing Address.:** \_\_\_\_\_

**Name of the Hospital / Institution:** \_\_\_\_\_

**Category (circle one):** Faculty/PG Resident/Intern/Others: ( \_\_\_\_\_ )

**Name of the Medical Council with Reg. No:** \_\_\_\_\_

I, hereby agree to attend the 'BLUE PRINTS IN RHEUMATOLOGY: Autoantibodies - Amazing Allegories "and I am paying cash / cheque bearing No....., dated.....in favour of Indian Rheumatism Association- Karnataka, payable at Bangalore.

**Date:**

**Signature:**

### **Organizing Chairperson:**

**Dr. Vineeta Shobha, Professor  
HOD,  
Department of Clinical Immunology & Rheumatology.**

### **Organizing Committee:**

**Dr. Ramya J, Assoc. Prof.  
Dr. Benzeeta Pinto, Asst. Prof.  
Dr. Chanakya K, Asst. Prof  
Dr. Madhuri H S, SR  
Dr. R Arjun Kumar, SR  
Dr. Revanesh Mirji, SR**

### **Note:**

1. Registration form and cash will be accepted in the Department of Clinical Immunology & Rheumatology, Unit of Hope Building (3<sup>th</sup> floor), S.J.M.C.H.

(OR)

2. Registration form along with cheque favouring **Indian Rheumatism Association**, payable at Bangalore, can be sent to the Department of Clinical Immunology & Rheumatology, Unit of Hope 3rd floor, St. John's Medical College Hospital, Sarjapur Road, Bangalore – 560034.

3. Registration forms can also be downloaded from [www.stjohns.in](http://www.stjohns.in)

4. For any clarifications, contact: 9243620295 (9am to 5pm), Email: [hod.immunology@stjohns.in](mailto:hod.immunology@stjohns.in)

5. Registration fee: Rs: 100/- (Last date for registration 26/10/2019); Rs: 200/- 28/10/2019 Onwards/spot registration.