



NAAC ACCREDITED "A+"

**REGISTRATION FORM**  
**SAW-MAX'18**  
**Oral and Maxillofacial Surgery Conference**  
**1<sup>st</sup> and 2<sup>nd</sup> September 2018**

PG:  Delegate:

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

Name of College: \_\_\_\_\_

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

\_\_\_\_\_

Contact No: \_\_\_\_\_ Email Id: \_\_\_\_\_

DCI Registration No. \_\_\_\_\_ State: \_\_\_\_\_

Payment Details: *(Please Mark the Appropriate Option)*

Cash  RTGS/NEFT/Online Transfer  Cheque/DD

Cheque/DD No. \_\_\_\_\_ Drawee Bank: \_\_\_\_\_

*(Drawn in favour of Dean, SPDC Payable at Wardha)*

RTGS/NEFT/Online Transfer Details \_\_\_\_\_

Paste Your Recent  
Passport Size Photo

Registration Fees					
	Before 20 <sup>th</sup> August		After 20 <sup>th</sup> August		Accommodation (Per Day)
	With Masterclass	Without masterclass	With Masterclass	Without masterclass	In house Rs 1500 /- per person (Twin sharing Basis)
Post Graduate	2500	2500	3300	3000	Other Rs 2500 /- per room
Delegate	3000	3000	4500	4000	
Total					Rs.

**Whether in-house Accommodation Required: Yes/No**

**No of Person: Single / Accompanying**

**Mode of Transport: Airways/ Railways/Roadways**

**Note-**

1. Send scan copy of filled registration form and screenshot/ image of transaction detailson [sawmax2018@gmail.com](mailto:sawmax2018@gmail.com)
2. *For Accommodations and Transport Facility- Contact respective Committee.*
3. Post graduates/ delegates registering for master class should bring their own Laptop.
4. E-poster guidelines:
  - E poster should be compatible with MS office 2010, and should contain 2 slides. First slide should contain the poster maintaining the anonymity of the presenter or any author. Second slide should include Title, Author details, designation, affiliation and sequence of authors.

**CONTACT DETAILS:**

**REGISTRATION:**

DR. DEEPANKAR SHUKLA: 9925534891  
DR. PRACHET DAKSHINKAR: 9890124992  
DR. ROHINI KURHADE: 9096831569  
DR. PAWAN HINGNIKAR: 9158591510

**ACCOMODATION:**

DR. ABHISHEK WANKHADE: 9960180720  
DR. SOHEL SHRIVASTAVA: 8600000412  
DR. AKHIL SHARMA: 8849756465

**TRANSPORT:**

DR. PRAFULLA GAIKWAD: 9665907711  
DR. TANUJ PATIL: 7066619170  
DR. CHINMAY GHAVAT: 9029426991

**BANK DETAILS:**

A/C. NAME: SPDC  
A/C NO. 0467022100000037  
PUNJAB NATIONAL BANK,  
SAWANGI, WARDHA  
IFSC: PUNB0617800

**ADDRESS FOR CORRESPONDANCE**

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