



TBCON 2025
Theme: Fight to End TB
28th and 29st March 2025
DEPARTMENT OF MEDICAL MICROBIOLOGY
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND
RESEARCH, CHANDIGARH, 160012, INDIA.

Registration Form

1. Name of Participant: _____
2. Designation: _____
3. Institute : _____
4. Address for Communication

5. E-mail ID : _____
6. Mobile/Phone number: _____
7. Registration Fee Paid: Rs. _____ /
Cheque* DD* Cash
8. Mode of payment of ECS/NEFT**

Registration fee

*Cheque/DD should be in favor of “TBCON” payable at Chandigarh.

**Account Name and Acc No: TBCON, Acc No-39135333788,

IFSC code- SBIN0001524, Bank Name – State Bank of India,

Branch - Medical Institute, Sector -12, Chandigarh

If through NEFT/ECS/Net banking, then quote: -

Transaction ID.

Transaction date

Cheque/DD number _____ Date

Signature of the candidate _____



(For Official Use Only)

Registration Number _____

Fee Receipt Number _____

Date _____

CONFERENCE SECRETARIAT

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